

SELECTIONS
FROM
THE RECORDS
OF
THE GOVERNMENT OF BENGAL.

Published by Authority.

N^o. XXVIII.

REPORTS

ON THE

ASYLUMS

FOR

EUROPEAN AND NATIVE INSANE PATIENTS

AT

BHOWANIPORE AND DULLUNDA

FOR

1856 AND 1857.

Calcutta:

JOHN GRAY, "CALCUTTA GAZETTE" OFFICE.

1858.

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No 270.

FROM

THE DIRECTOR GENERAL,

TO

MEDICAL DEPARTMENT,

A. R. YOUNG, ESQUIRE,

Secretary to the Government of Bengal.

Fort William, 2nd June 1858.

SIR,

IN requesting that the accompanying Reports on the Asylums for European and Native Insane Patients at Bhowanipore and Dullunda, for the years 1856 and 1857, may be laid before the Hon'ble the Lieutenant-Governor of Bengal, I consider that the documents themselves so clearly set forth the judgment and economy which Dr. Cantor has exercised in performing the difficult task of remodelling these Institutions, and of bringing them into thorough working order, under an entirely new system, that I need not do more than recommend the documents for the favorable notice of Government, and respectfully solicit that they may be printed, as the whole of their details are calculated to be of great value to those who may hereafter undertake the organization of Lunatic Asylums in this Country.

I would beg leave to urge very strongly upon Government the paramount necessity for considerably enlarging the space now occupied by the European Asylum. I fully agree with the late Medical Board, and with Dr. Cantor, in believing that the treatment of the Patients can never be carried out, with due success, until the premises are considerably extended to enable the Patients to obtain sufficient exercise and occupation, and until proper Wards can be provided for the refractory inmates. At the same time, I am well aware that the provision of this additional space is fraught with considerable difficulties.

With his Reports, Dr. Cantor has sent specimens of Jute grown in the grounds of the Dullunda Asylum, and manufactured by the Native Insane Patients. Dr. Cantor is desirous that these specimens should be

submitted to the Hon'ble the Court of Directors. I beg leave to recommend that, should this step meet His Honor's approval, it may be adopted.

I have the honor to be,

SIR,

Your most obedient Servant,

J. FORSYTH,

Director General, Medical Department.

FORT WILLIAM;
Director General's Office, }
The 2nd June 1858.

No. 30.

FROM

THE SUPERINTENDENT OF THE ASYLUMS FOR
EUROPEAN AND NATIVE INSANES AT
BHOWANIPORE AND DULLUNDA,

TO

THE SECRETARY TO THE DIRECTOR GENERAL,
Medical Department.

Fort William, Bhowanipore, the 8th May 1858.

SIR,

IN conformity with instructions conveyed in Para. 21 of a

Despatch* from the Hon'ble

the Court of Directors, I

have the honor to submit,

for transmission, the accom-

* No. 53 of 1857, dated the 17th April, communicated in Letter No. 952, from the Assistant Secretary to the Government of Bengal, to the Medical Board, dated the 4th August 1857.

panying two Reports, one on the Asylum for European Insanes at Bhowanipore during 1856 and 1857; the other on the Asylum for Native Insanes at Dullunda during the same period, both accompanied with ground plans.

2. With reference to the Asylum at Bhowanipore, I beg to observe that previously to the receipt of the Despatch quoted in the margin, Rules for the control of the Asylum at Bhowanipore had been drawn up and published by order of Government. This document, which is annexed to the Report, will be found to contain the principal objects of enquiry. I was thus induced to believe that additional

detailed information would be the readiest mode to exhibit the two first years' operations of the Government Asylum.

- I. General Description.
- II. Expenditure.
- III. Dietary and Clothing.
- IV. Non-restraint system.
- V. Occupation and Amusement.
- VI. Subordinate Establishment.
- VII. Medical Records.
- VIII. Rules of the Asylum at Bhowanipore.

The different heads of the Bhowanipore Report are specified in the margin.

3. The principal advantages of the Government Asylum may be summed up as follows:—

1st.—The benefit to the Public from the Asylum having passed under the immediate control of Government.

2ndly.—An annual saving to the Public, exceeding Rupees 8,000. A comparison between the amount paid by Government during the two last years of the private Asylum, and the expenditure during the two first years of the Government Institution, exhibits a saving in favor of the latter, amounting to Rupees 16,278-1-0. Proportionally, the saving has been greater, when it is considered that the number of Patients, both treated and equipped to proceed to Europe, have during 1856 and 1857 greatly exceeded these contingencies during the two last years of the private Asylum. The system of economy pursued will be found to have been equally removed from parsimony and waste.

3rdly.—A trial made by order of Government of the comparative economy of dieting the Asylum by the agency of the Commissariat Department, and by private contract, has proved the latter to be the cheaper, and it has therefore been adopted.

4thly.—The charges for Patients of the second class have, under instructions from Government, been reduced to three-fifths of their amount in the private Asylum.

5thly.—The non-restraint system, in the ordinary acceptation of the term, has been established as the rule of the Asylum.

6thly.—Under instructions from Government, a European Nurse is henceforth to attend Insane Females during their passage to Europe.

4. Although the improvements may fall short of those contemplated by the Hon'ble the Court of Directors, and by the Rules established by Government, they have been limited by necessity only. Want of space and appropriate buildings bar all further progress. The requirements of the Asylum will be found specified in their proper places, and it may here be sufficient to state that, under instructions from Government,

plans and estimates have been prepared, and are waiting till it shall become expedient to resume the temporarily suspended public works.

5. In the Report on the Asylum at Dullunda, the details follow in the order adopted in that on the Bhowanipore Asylum.

6. His Honor the Lieutenant-Governor of Bengal* and the Honorable

* Letter No. 3176, from the Junior Secretary to the Government of Bengal to the Magistrate of the 24-Pergunnahs, dated Fort William, the 20th October 1856.

Letter No. 3985, from the Junior Secretary to the Government of Bengal to the Magistrate of the 24-Pergunnahs, dated Fort William, the 21st November 1857.

† Para. 55 of a Despatch from the Hon'ble the Court of Directors, to the Government of India, in the Judicial Department, No. 3 of 1858, dated the 26th January.

the Court of Directors,† having been pleased, on recent occasions, to mark with their approbation the management of the Asylum at Dullunda, it is unnecessary in this place to advert to the improvements of the years 1856 and 1857.

An increase of the Subordinate Establishment has naturally caused additional expenditure. But then, for the first time, the Balance Sheet exhibits some receipts, earned by the voluntary labour of the Patients. That the Asylum, in point of occupation, as an adjuvant of moral treatment, has gained a step in advance is due to certain favourable conditions which are not enjoyed by the Asylum at Bhowanipore. The Native Patients belong to the labouring classes, to whom, therefore, handicraft is suitable. In European Soldiers and Sailors, and in Country-born persons, habits of industry have to be inculcated. Besides at Bhowanipore, as shown elsewhere, the means to make such attempts have hitherto been wanting.

7. The accompanying case contains samples of Jute, both cultivated and manufactured* by the Native Patients at Dullunda.* I venture to solicit the favour that I may be permitted respectfully to submit these samples to the Hon'ble the Court of Directors.

* Samples of prepared Jute.
Ditto of Rope, of sorts.
Ditto of Twine.
Model of Twisting Screw.

I have the honor to be,

SIR,

Your most obedient Servant,

THEODORE CANTOR, M. D.—Surgeon,

*Superintendent of the Asylums for
European and Native Insanes at
Bhowanipore and Dullunda.*

REPORT
ON THE
Asylum for European Insane Patients
AT BHOWANIPORE,
DURING THE YEARS 1856 AND 1857.

I. GENERAL DESCRIPTION.

THE Asylum at Bhowanipore for European and Country-born Insane Patients became the property of Government on the 31st December 1855. The Institution, (of which the accompanying Plate I. is a ground-plan,) is situated about a mile to the southward of Fort William, close to the Presidency General Hospital. In point of salubrity and seclusion, few more eligible suburban localities could be found. The ground is well drained, the currents of air are unobstructed, and during the hottest season, the temperature is one to two degrees below that of Calcutta, while to the feeling the difference appears even more considerable. As already observed by Dr. J. Macpherson, in his Report on Insanity among Europeans in Bengal, (*Indian Annals of Medical Science*, No. II., p. 692,) the private Asylum appears to have been constructed about 1817, on no definite plan, but was added to from time to time. The Asylum, which extends over an area of little more than two acres, consists of two divisions, one for Male, the other for Female Patients. The total number of rooms of the different Wards is 62, generally calculated to accommodate a single Patient; but in 1856, on one occasion, the maximum of Patients rose to 81. As such exigency arose in ordinary times, the late vast augmentation of European Forces in Bengal renders the influx in the Asylum, as in Hospitals generally, a consideration of paramount importance, and needs the earliest preparation. Although Government intend the Institution to be for Patients born in Europe one for temporary accommodation only, (Rules para. 14,) any crowding, however temporary, is to be dreaded. The following dimen-

sions of the different Wards for Males, give to each of the 42 rooms an average of a little more than 2,400 cubic feet of air, and to each of the 20 rooms of the Wards for Females, an average slightly exceeding 1,575 cubic feet.

WARDS FOR MALES.

Centre-Building	...	...	...	11 Rooms	...	28,869 c. feet.		
Eastern Ward	...	...	...	7	}	...	...	72,285 „ 9½ inch.
Western „	...	...	...	7				
Southern „	...	...	...	14				
Separate „	...	...	...	3				
				42 Rooms	...	101,154 c. feet	9½ inch.	

WARDS FOR FEMALES.

Eastern Wards	...	...	...	14				
Western „	...	...	...	6				
				20 Rooms	...	31,513 c. feet	6¾ inch.	

The Wards are well raised, and each room is provided with a window out of reach, and with a door half panelled, half grated. In Bengal such construction is preferable to solid doors with inspection plates, which here would obstruct the free circulation of air. Whenever required, the rooms can be darkened by means of a canvas curtain; but they are not lofty enough to admit of punkahs being slung. Each Patient is therefore supplied with a palm-leaf fan. The doors are made to open outwards on a common verandah, which being screened by venetians and canvas curtains, offers shelter from the sun and wet. The verandahs during the day also serve as mess and lounging rooms, and are lighted at night. For the wooden bedsteads formerly used in the private Asylum, iron cots of the pattern used in European Hospitals, without hinges, have been substituted, as they combine the double advantage of cleanliness and strength to bear attempts at breakage. They may also, whenever required, easily be fixed to the floor. As a general rule, bed utensils are suffered to remain in the rooms in cases of bodily diseases only, as each Ward is provided with an easily accessible and airy privy and bathing room, with shower and ordinary baths. The floors are stuccoed and either unmatted or covered with

loose mats, and so constructed as to admit of baths being administered at a moment's notice. In cases of bodily diseases, and during paroxysms of violence, the Patients are treated in their own rooms. The absence of effectual means of seclusion, and of padded rooms, is a serious defect in the original construction of the Asylum. A single violent Patient is sure to produce a number of imitators, who keep not only their own Wards, but the whole Asylum in a state of excitement. Want of space and of accommodation also offers material obstacles to the necessary occupation and recreation of the Patients. An early application for the services of the Civil Architect to remedy such evils, was speedily responded to, and plans have accordingly been prepared. The garden which surrounds the different Wards is well laid out, and has, during the years 1856 and 57, been liberally stocked from the Hon'ble the East India Company's Botanic Gardens. Indeed, it imparts to the Asylum a pleasing feature of rural quiet. The boundary walls being carefully kept out of view by luxuriant creepers, nothing which can remind of even the ordinary restraint of a hospital has been left. The garden, which is exclusively devoted to the enjoyment of the Patients, might be taken to be a gentleman's carefully tended pleasure ground. It is, however, of too limited extent, considering the paramount importance of extensive pleasure grounds. Dr. Conolly is of opinion that in Europe the proportion of land to the number of Patients ought never to be less than ten acres to each hundred Patients. (*On the Construction and Government of Lunatic Asylums, Appendix p. 145.*) The North-East angle of the garden is occupied by a well guarded tank, almost surrounded by the out-offices of a number of resident servants. The Conservancy is effected by an establishment of sweepers with a closed iron cart. In this, as well as in other branches of the internal management, the Bengal Code of Medical Regulations in force in European Hospitals, forms the base, as being calculated to afford the greatest amount of comfort to the Patients. The North-West angle of the garden is occupied by the kitchen, and by a separate Ward, consisting of three rooms. For want of more appropriate means of seclusion, the three rooms have at times to be used for such purpose. Although they are hidden from view, they neither serve to withdraw the inmates from the effects of external stimuli, nor are they removed far enough to prevent refractory Patients from being overheard in every part of the Asylum. Want of space and appropriate wards also offer serious obstacles to all attempts at classification of the Patients.

In most great Asylums in England, the Wards are classed in refractory, epileptic, paralytic and convalescent Wards, and one for dirty Patients. It has, however, been observed that the disadvantage of a too rigid classification is, that it is apt to create so many intellectual castes, and to make the Patients act or assume the part implied by the name of the Ward. Chronic insanity is generally benefitted by intercourse with sensible people. In the middle of the garden is situated a two-storied building, in no wise differing from any other Indian suburban villa. The ground-floor contains the following accommodation:—an ante-chamber, where the dishes are served and carved; a dining hall with punkahs, a side-room used as office and reading or lounging-room; two double and ten single apartments, occupied by Gentlemen and Lady Patients. The apartments are cheerful and open to the garden. They are furnished and lighted with hanging lamps, and have one corner partitioned off as a bath. The upper story consists of 10 rooms, occupied by the Apothecary, the Matron and her husband, and an Overseer. The hall, however, and two of the rooms are reserved, whenever required, for the use of a convalescent Lady or Gentleman. At first, before all the Subordinate Officers had joined, the upper story was divided between the Superintendent and two of the Subordinates. Such arrangement, questionable at best, was attended with a most serious objection. The consequence of the Superintendent's living among, and being at all hours in immediate contact with the Patients, led by degrees to the loss of the moral influence, the authority, which it is of the utmost importance that Officer should possess over his Patients. By comparison with the Asylum for Native Insanes, which is situated at a short distance from Bhowanipore, the difference in the Superintendent's moral power over the Patients soon became very marked. It is necessary, or at any rate desirable, that the Superintendent should reside on the premises. But to preserve his moral influence, which is of vital importance in Lunatic Asylums, the quarters of the Superintendent should be perfectly isolated. He ought at all hours to be able to have access to the Patients, but the reverse ought not to obtain, as the Patients cannot with safety be trusted with unlimited access to him. The Wards for Females and the southern Ward for Males are provided with yards enclosed by walls, but the other Wards all open into the garden, and enable the Patients to overlook not only the premises, but part of the public road. This is a serious, and for want of space, irremediable evil. The appearance of a stranger or a

passenger is almost certain to create excitement. A most common hallucination is that of illegal confinement, which vents itself in ineffectual appeals and disappointment, which rarely fail to terminate in paroxysms of fury.

II. EXPENDITURE.

Cost to Government of the Public Patients during the ten years from the 1st January 1846 to the 31st December 1855.

1846	...	Rupees ...	35,304	2	9	
1847	...	" ...	35,359	8	2	
1848	...	" ...	36,687	0	4	
1849	...	" ...	36,305	1	1	
1850	...	" ...	38,826	15	8	
1851	...	" ...	39,527	4	6	
1852	...	" ...	40,686	9	8	
1853	...	" ..	41,254	7	1	
1854	...	" ...	45,038	1	11	
1855	...	" ...	53,088	14	4	
						4,02,078 1 6
Pay of the Proprietress in the capacity of Superintendent, at Rupees 2,400 per annum						24,000 0 0
						Rupees 4,26,078 1 6

From the preceding accounts, furnished by the Civil Auditor, it appears that during the 10 years, the annual cost to Government of the Public Patients in the Private Lunatic Asylum had gradually increased from Rupees 37,704-2-9 to Rupees 55,488-14-4.

Cost to Government during the two last years of the Private Asylum.

Year.	Cost, including Salaries and every other expenditure.	Number of Patients treated.	Number of Patients sent to Europe.
1854	Rupees 47,438 1 11	79	8
1855	Rupees 55,488 14 4	94	12

Cost to Government during the two first years of the Government Asylum.

Year.	Cost, including Salaries and every other expenditure.	Number of Patients treated.	Number of Patients sent to Europe.
1856	Rupees ... 43,630 13 8	132	22
1857	Rupees ... 39,210 13 4	95	23

The two preceding comparative Tables exhibit a decrease in the annual cost to Government of the difference between the maximum paid to the Private Asylum, and the minimum of the Government Asylum. That difference, or the saving to Government, has amounted to Rupees 16,278-1-0. Although it would be difficult precisely to trace how such saving has been effected, the non-existence of two causes deserves particular notice, because their operation might be supposed to have influenced the decrease of the expenditure. There has been no decrease in the number of Patients. On the contrary, the Government Asylum shows an increase of 38 Patients. Another element, characteristic of Asylums for Europeans in India, and which must keep the expenditure higher than that of similar Institutions in Europe, exists in the periodic necessity of sending a proportion of Patients to Europe. The expenditure of the outfit of the great majority has invariably fallen on the public treasury. During the two last years (1854 and 1855) of the Private Asylum, the number of Patients sent to Europe was 20. During the two years 1856 and 1857, the number amounted to 45. In the Government Asylum, therefore, it has been more than doubled.

Comparative Registers of Receipts and Disbursements of the Government Lunatic Asylum at Bhowanipore for the two years, viz., from 1st January 1856 to 31st December 1857.

	1856.	1857.		1856.	1857.
Receipts credited to Government ... }	6,169 4 6	6,276 4 5	Disbursements ...	45,147 11 2	40,844 10 9
			Interest at 4 per cent. on Rupees 116,061 purchase money paid to the late Proprietress	4,642 7 0	4,642 7 0
	12,445 8 11			95,277 3 11	

The comparative Registers of Receipts and Disbursements exhibit during the two years a decrease* in the annual cost from Rs. 43,630-13-8 to 39,210-13-4, or a saving to Government of Rs. 4,420-0-4. During the first sixteen months, the Government Asylum was dieted by the Commissariat Department. Subsequently, by order of Government, it has been effected by the agency of a private Contractor, which has proved to be the more economic method.

III. DIETARY AND CLOTHING.

Doctor Conolly's observation that insane people require a somewhat full diet : a supply of good and well cooked food, liberal in quantity and punctually served, is particularly applicable to Asylums in India. Paragraph 18 of the Rules for the Asylum at Bhowanipore provides that the articles of diet shall be of the best quality procurable, and of a description equal if not superior to that which each individual Patient may have been accustomed to under ordinary circumstances in health. The two scales of the Dietary have been fixed according to the station in society to which the Patient may belong. At an early hour every article is submitted to examination, in order to carry out the humane intentions of Government with regard to quality. The plan has been found to promote a system of economy, equally removed from parsimony and from waste. Complaints of the table are unknown, and the Patients generally have a look of physical comfort. They are divided in two classes, solely according to their station in life, but with no reference whatever to their means. Both classes are therefore equally open to poor Patients. The first class is composed of Covenanted or Commissioned Officers, gentlemen unconnected with the Public Service, and members of their families. The second class consists of Troops of Her Majesty's and the Hon'ble Company's Services, and of persons of either sex (Europeans or East Indians,) unconnected with the Public Service. In this class has been introduced as standard the "Full Diet" of the *Code of Medical Regulations*, which appears most nearly to assimilate with the habitual mode of living of some of these persons, while it may be assumed to be more liberal than that to which sailors and landmen of small means are accustomed. A small allowance of tobacco is an indulgence which affords great gratification to the male European Patients, and to the East Indians of both sexes. Granted in moderation, smoking has been observed to have a soothing effect on some Patients, and it certainly has produced bad effects in none. Patients labouring

under physical complaints, are of course subjected to such modifications of diet as each individual case may require. The following outline will serve to give a general idea of the Dietary :

FIRST CLASS TABLE.

Breakfast at 8 or 9 A. M.	{ Eggs, Fish, Steaks, Chops, Cold Meat, Rice, Fruit, Preserves, Tea, Coffee.
Dinner at 1 or 2 P. M.	{ Soup, Joints, or Poultry, Side-dishes, Vegetables, Pastry, Fruit, Preserves, Sherry, Port, Beer, Lemonade of Lemons or Bael, iced when desired.
Tea and Toast at 6 or 7 o'Clock, A. M. and P. M.	

SECOND CLASS "FULL DIET."

According to the Code of Bengal Medical Regulations.

Beef or Mutton, 1 lb.
Bread, 1 lb.
Butter, 1 oz.
Tea, $\frac{1}{2}$ oz.
Rice, 4 oz.
Salt, $\frac{1}{2}$ oz.
Milk, 1 measure.
Sugar, 1 oz.
Onions, 1 oz.
Pepper, 1 drachm.
Ginger, $\frac{1}{2}$ drachm.
Nutmeg, $\frac{1}{2}$ drachm.
Barley, $\frac{1}{2}$ oz.
Flour, $\frac{1}{2}$ oz.
Firewood, 4 lb.
Vegetables, 1 lb.
Fruit.
Lemonade, Toast-or
Barley-water.

This is a bare standard scale of "Full Diet," subject, according to the discretion of the Superintendent, to daily alterations and additions, to please individual fancy. Extra dishes—(Poultry, Pastry and Wine, Beer, Coffee, Ice, &c.) are inserted in separate Statement as "Extra Articles," supplied in excess to the Diet Rolls.

Paying Patients wear their own ordinary clothing, but the second class have almost without exception to be clothed at public expense. The dress has, of course, to be varied according to the season, and in material and style is made to correspond to that ordinarily worn by these persons in health. Attention to cleanliness of person and appearance is, in a tropical climate, so necessary to comfort that it becomes habitual to all classes of society. Even in the Asylum, exceptions to the rule are comparatively rare, and the destruction committed on clothing has hitherto been remarkably small. During paroxysms of destructive violence, the Patient is confined to his room, and carefully watched to prevent mischief, and to attend to his comfort till soothing remedies can take effect. Should in the mean time loose dresses of strong ticken prove incapable of withstanding destruction, an Indian climate admits of the gratification of a maniac indulging in a state of nakedness. As early as the symptoms appear to wear off, and the Patient may have become calm enough to be addressed, he is prevailed upon to dress and to resume his ordinary life in the ward or garden.

IV. NON-RESTRAINT SYSTEM.

Kindness is the real substitute for mechanical restraint. To protect and control Insanes, without having recourse to the latter means, requires the services of a sufficient number of attendants. In addition to gentleness and watchfulness, they should be endowed with a certain tact, which, by abstaining from unnecessary interference, knows how to avoid aggravating excitement. During the earlier part of 1856, while the number of Subordinate Officers amounted to but two, the Apothecary and an Overseer, mechanical restraint could not with safety entirely be dispensed with. To these difficulties must be added the utter want of moral and physical courage of the native attendants, and the lack of means of proper seclusion and of padded rooms. Mechanical restraint was in those days resorted to in cases of extreme violence only, and it was effected either by the application of a strait waistcoat or of thick leather gloves without fingers. But "coercion-chairs" and "manacles," which, with other property were transferred with the Asylum, were consigned to the lumber-room. By degrees, as the full complement of Subordinate Officers joined, and had acquired some degree of experience in the nature of their duties, the application of the waistcoats

gloves was discontinued, and the system of non-restraint, in the ordinary acceptation of the term, was established as the rule of the Asylum. Restriction, in some form or other, is inseparable from an Asylum. Dr. Conolly himself allows certain exceptions in points for which the malady intrinsically disqualifies Insanes. (*Treatment of the Insane without mechanical restraints*, p. 266. London 1856.) It will here be sufficient explicitly to state certain special exceptions to the rule, in which the application of mechanical restraint in the Asylum at Bhowanipore is suffered, because in those exceptions no other alternative is left, at least for the present. In cases of secret vices, in which seton dorsi penis, vesicantia to the palms of the hands, and internal remedies have failed,—and unfortunately they will fail,—such vices are capable of eluding the strictest vigilance. In such cases, a pair of rigid fingerless gloves, joined together, are applied during bed-time, as the only effectual remedy, during the interval, till internal remedies allow the mechanical adjuvants to be discontinued. When during paroxysms of fury after the failure of soothing treatment, tonsure of the head, or application of vesicantia cannot be safely effected, the temporary application of a ticken strait-waistcoat has been found beneficial. The application of ordinary fracture splints may be found useful to protect some insanes against their propensity of inflicting sores on certain parts of the body. The preceding difficulties must at times arise in all Asylums. How to meet them without having recourse to some humane contrivance for mechanical restraint, is a problem which, however, those philanthropists who have carried the non-restraint system to its greatest perfection, have left subjects of speculation.

In the treatment in India of European Insanes, there exists a peculiar condition well deserving of notice. That is, the sense of humiliation or degradation which certain classes, Soldiers and Sailors in particular, are in the habit of attaching to coercion by the hands of native Attendants. In Asylums in India, restraint ought to be applied exclusively by European Attendants. Where their services cannot be had, things supply the next best instrumentality, because they are likely to cause less resistance, and to leave no impression of humiliation, whereas coercion by the hands of natives is almost certain of producing both effects. Something similar has been observed in Europe. Doctor Laycock has called attention to the fact, that mechanical appliances cause less excitement than physical force, and Doctor Noble holds the former means preferable.

to a struggle between Patient and Attendant. (*Noble's Elements of Psychological Medicine, 2nd Edition, page 317.*) The construction of padded rooms has, of necessity, been postponed for want of space. They, as well as refractory wards, require to be placed at such distance from the rest of the wards, as to be out of sight and hearing. Instances have occurred at Bhowanipore, in which convalescents who distinctly remembered the paroxysm, have expressed gratification at having escaped the "shame of being laid hands upon by natives."

A remarkable illustration was offered by a Field Officer, distinguished no less by his services than by his gentlemanly qualities. His intellect had been affected while on leave in a distant Colony, where he had been locked up in a gaol, and subjected to bodily restraint. On admission in the Asylum at Bhowanipore, his expression was wild, and he was inclined to become violent. With an air of defiance he "surrendered as a prisoner, to be dealt with according to pleasure. If he were not to consider himself as a prisoner,—what else was he?" Why a Patient, attention to whose comfort was the sole object of his temporary residence in the place. "Should he not be locked up and coerced by natives?" Certainly not. His word not to escape was sufficient. After a successful course of treatment, this gentleman repeatedly dwelt with satisfaction upon our first interview. The appeal to his honor, he said, had effectually subdued him, the freedom from mechanical restraint, and of all things, from being coerced by natives, had made a deep impression upon him.

V. OCCUPATION AND AMUSEMENT.

Unfortunately, the principal remedial employments in Asylums in Europe are inadmissible in Tropical India, where, during the greater portion of the year, the climate renders farming, gardening and occupations in the kitchen, laundry or bake-house impracticable, if not absolutely injurious to Europeans. Mechanical skill is exceptional among gentlemen, and intellectual occupation is contraindicated by a state of morbid excitement of the brain. To European Soldiers and Sailors manual work is distasteful, although, if workshops were available, the experiment of prevailing upon such Patients to resume their former trades, would be worth trying. With regard to country-born Patients Doctor J. Macpherson has observed the habitual disdain in which,

When well, they hold all mechanical employment, except their congenial one of copying and writing. Whenever practicable, these persons are set to copy in the office or else, to save walls and paper, they are gratified with slates. The cool hours, morning and evening, are devoted to exercise in the garden. The time intervening between the meals, is filled up according to the condition and fancy of each Patient. The quiet are admitted into the office, which is also made to serve as library and reading-room. For want of appropriate rooms, the in-door pastimes have hitherto been limited to books, periodicals, chess, draughts, backgammon, domino, caleidoscopes and, in a few instances, to music. Hitherto the Patients have exhibited a marked want of sociableness. Even among convalescents there is a striking dislike to conversation. The success which has attended some of the celebrated Asylums in Europe in resuscitating dormant sympathies, has fully established the practicability of such curative measures. At Bhowanipore, a spacious hall for religious instruction and one for amusements, such as assemblies, lectures, billiards, &c., are great desiderata. The remedy is but a question of time, when the necessary extension of the Asylum shall become expedient.

Attempts at employment have been more successful among the female Patients. By persevering kindness, Mrs. Wilson, the Matron, has contrived to some extent to occupy her department in plain needle work, and even fancy knitting. It is, however, no easy task to humour East Indian females, who generally consider sewing to be the business of a tailor, and therefore derogatory to the dignity of a lady.

VI. SUBORDINATE ESTABLISHMENT.

The 25th paragraph of the Rules specifies the strength and pay as they originally were sanctioned, subject to such future alterations as may be deemed necessary. The monthly aggregate is fixed at Rupees 1,025 or Rupees 12,300 per annum. But the amount actually drawn has been as follows:—

During 1856	...	Rupees	11,225	9	7
„ 1857	...	„	11,709	0	1
			<hr/>		
			Rupees	22,934	9 8
			<hr/>		

The expenditure has therefore, during the two years, been Rupees 1,665-6-4 less than the amount sanctioned. This has been caused chiefly by the delay which necessarily occurred before some of the Subordinate Officers could join. The Rules sanction the services of two Medical Subordinates to conduct the offices of Apothecary and Steward, and both, in addition to their proper duties, are to assist in the conduct of the general duties of the Asylum. On the Steward's being detached elsewhere, it was found that both offices might efficiently be conducted by one Medical Subordinate, to whom was allowed an addition of one-third of the pay of the Steward, in consideration of the doubled duties. The unappropriated two-thirds, (Rupees 100,) are sufficient to secure the services of two additional European Subordinates, at the rate of Rupees 50 per mensem. This alteration has the double advantage of augmenting the European agency without entailing additional expenditure. As a temporary measure, the arrangement has obtained the sanction of Government (Letter No. 1127, from the Junior Secretary to the Government of Bengal to the Medical Board, dated Fort William the 11th September 1857,) but it has answered so well as to merit to be made permanent. The following Returns exhibit the original and the temporary strength of the Subordinate Establishment. (Rules, para. 25.)

<i>Original Return.</i>			<i>Altered Return.</i>		
Matron ...	...	Rs. 100	Matron...	...	Rs. 100
Apothecary	...	„ 150	Apothecary & Steward	„	200
Steward	...	„ 150	Overseer	...	„ 70
Overseer	...	„ 70	Overseer	...	„ 50
Overseer	...	„ 50	Overseer	..	„ 50
			Overseer	...	„ 50
<hr/>		<hr/>	<hr/>		<hr/>
5	.	Rs. 520	6	.	520
<hr/>		<hr/>	<hr/>		<hr/>

It may be as well here to observe that the designation by the functions, such as “Overseer,” &c., which is considered to be objectionable, is exclusively used in official documents. To the Patients in the Asylum, the Subordinate Officers are known by the usual addition of “Mr.” to their names, and their kindness and attention to the comfort of the Patients have established the best mutual understanding. When the Subordinates do happen to be called upon to guard a Patient against his own violence, momentary blind resentment is generally of no longer

ration than the paroxysm. On representation that Insane Female Patients had hitherto been unattended on their passage to Europe, the Right Hon'ble the Governor General in Council was pleased to direct (No. 855, dated the 24th September 1856,) that on all future occasions, a nurse is to proceed in attendance on such Patients.

VII. MEDICAL RECORDS.

Both time and numbers are as yet wanting to make the Medical Records of any value beyond that of their being the earliest gathering of facts for future statistics of the Asylum at Bhowanipore.

As might be expected, the number of incurable Patients, transferred from the private to the Government Asylum, was considerable, and of them the majority were pauper Patients. Out of the 74 Patients transferred on the 1st January 1856, 49 might be considered as incurable, *viz.* :—

Europeans, born in Europe	...	{	Male	...	...	3
			Female	...	...	2
Europeans, born in India	...	...	Male	...	...	5
East Indians	...	}	Male	...	...	22
			Female	...	...	17
						<hr/> 49

The incurable Patients therefore averaged 66·21 per Cent. Their ages ranged to about 73 years;—seven had been inmates of the private Asylum from 20 to 31 years;—seven from 10 to 20 years; the rest for shorter periods. Of the incurable, four were at the time of the transfer found to be inoffensive creatures, and fit subjects for a charitable Institution. All appeals, however, proved ineffectual, as the fact of the persons being inmates of a Lunatic Asylum, was considered to make them ineligible for admission into a charitable Institution. To render the transition from insanity to sanity gradual, may be considered as the completion of the treatment, and must therefore be of paramount importance. A few convalescents may be discharged on trial to the care of their friends. One of the benefits which a passage to Europe offers to European convalescents in India, is that of gradually accustoming them to the excitement of liberty. In a few instances, convalescent Sailors have found hire prior to their discharge from the Asylum.

Doctor Macpherson, in his Report on Insanity in Europeans, has recorded his opinion against the retention, as a Soldier, of a man who has been fairly and decidedly deranged. My own not few opportunities of observing the life of the European Soldier in the Field and in Garrison, have led me to believe that, as a general rule, no Soldier after having suffered from chronic Insanity, can with safety continue in the Army in India. The few cases which in the acute stage readily yield to early treatment, are exceptional. In the earlier stages, Soldiers are treated in their proper hospitals. On their being despatched for further treatment to the Presidency, much valuable time is lost on the passage, which must greatly diminish the chance of recovery.

A. TABULAR STATEMENTS.

	1856.			1857.		
	Male.	Female.	Total.	Male.	Female.	Total.
Remained under treatment, 1st } January ... }	45	29	74	39	23	62
Admitted	42	16	54	29	4	33
Total of remained, admitted and } re-admitted ... }	87	45	132	68	27	95
Remained under treatment, 31st } December ... }	39	23	62	29	22	51
Cured	10	7	17	9	0	9
Improved, transferred to friends ...	2	6	8	1	3	4
Despatched to Europe	31	5	36	25	2	27
Mortality	5	4	9	4	0	4

Of three females, two were admitted twice, and one, from intemperance, was admitted three times.

RATIO PER CENT.	1856.			1857.		
	Male.	Female.	Total.	Male.	Female.	Total.
Of Cures	11.49	15.55	12.87	13.23	0.0	9.47
Of Cures and transferred to friends	13.79	28.88	18.93	14.70	11.11	13.68
Of despatched to Europe ...	35.63	11.11	27.27	36.76	7.40	28.42
Of Mortality	5.74	8.88	6.81	5.88 a	0.0	4.21

B. PROFESSIONS OR OCCUPATIONS.

	1856.	1857.
Colonel	1	0
Captains	3	2
Lieutenants	5	3
Assistant Surgeon	0	1
Priest	0	1
Missionary	1	0
Brokers.	2	0
Literator	1	0

PROFESSIONS OR OCCUPATIONS.—(*Continued.*)

	1856.	1857.
Surveyors	3	3
Attorney	1	0
Medical Subordinates	6	5
Soldiers	35	21
Seafaring Men	7	13
Tradesmen	7	4
Writers	9	9
No Trade	6	6
Total	87	68

FEMALE PATIENTS.

	1856.	1857.
Gentlewomen	5	3
Soldier's Wives	14	7
Tradesmen's ditto	26	17
Total	45	27

C. PARENTAGE.

	1856.		1857.	
	Male.	Female.	Male.	Female.
English	20	4	13	1
Scotch	8	0	6	0
Irish	24	9	18	5
Welsh	0	0	1	0
French	1	0	0	0
Spanish	0	0	2	0
Swiss	1	0	0	0
Swedish	0	0	1	0
American	1	0	1	0
East Indian	27	29	24	20
Armenian	3	1	2	0
African	2	2	0	1
Total	87	45	68	27

D. SUPPOSED CAUSES.

	Male.	Female.
Congenital	2	3
Hereditary	2	1
Accidents to head	2	0
Coup de soleil	4	0
* Intemperance	18	4
Disappointment in love	2	0
Religious enthusiasm	11	3
Domestic distress	2	5
Pecuniary losses	3	0
Excessive study	2	0
Venery	2	0
Masturbation	3	0
Epilepsy	6	3
After Fever	1	0
After Cholera	1	0
Influenced by the Moon	None.	None.

	1856.			1857.		
	Male.	Female.	Total.	Male.	Female.	Total.
* <i>Intemperance, the cause of admissions and re-admissions.</i>	12	4	16	6	0	6
Ratio per Cent.	28.57	25.00	27.58	20.68	0.0	18.18

E. FORMS OF DISEASES.

	1856.		1857.	
	Male.	Female.	Male.	Female.
Mania	38	16	26	11
Dementia	28	12	19	7
Idiocy	3	6	4	3
Amentia	1	1	1	1
Melancholia	11	6	14	4
Monomania	3	2	1	0
Moral Insanity	3	1	0	1
Phrenitis	0	1	0	0
Hemiplegia	0	0	1	0
Splenitis	0	0	1	0
Syphilis consecutiva	0	0	1	0
Total	87	45	68	27

F. CAUSES OF DEATH, DURING 1856 AND 1857.

Diseases of the nervous system...	{	Hemiplegia	...	...	...	1
		Abscessus cerebri	..	...	...	1
		Apoplexy	...	...	...	1
		Exhaustion	...	...	...	2
Endemic diseases	{	Dysentery	...	...	...	2
		Diarrhoea	...	...	...	1
		Cholera	...	...	...	2
Other diseases	{	Old age	...	...	...	2
		Caries	...	...	...	1
						<hr/>
						13

Of the 13 fatal cases, 5 were caused by diseases of the nervous system, 5 by endemic, and 3 by other diseases. Of the 5 first, 3 were attended with structural change of the brain. With reference to the following Table of 11 Post Mortem Examinations, Mrs. V * * *, cerebral abscess, exhibited organic destruction; Revd. Dr. N *, apoplexy, substance softened, indistinct, and in each lateral ventricle serous effusion; W. C * *, hemiplegia, corpora striata discoloured, and each lateral ventricle contained serum.

Of the 5 fatal endemic diseases, 2 only presented cerebral, in addition to the ordinary phenomena, *viz.* G. L * *, dysentery; substance of the brain of chlorotic hue;—D. K * * *, cholera; serous effusion in each lateral ventricle. Of the 3 fatal other diseases, one exhibited no cerebral morbid appearances, but in the other two, the following were observed. J. T * *, caries; substance of the brain softened. N. M * * *, old age; each lateral ventricle contained a quantity of serous effusion. The average weight of the male adult brain being $49\frac{1}{2}$ ounces and of the female 44 ounces, two of the male brains examined were above, and six below the average weight. Of the female, one was more, two less than the average weight.

G. TABLE OF POST MORTEM EXAMINATIONS.

Diseases of the nervous system.

BRIEF HISTORY.	HEAD.	OTHER ORGANS.
<p><i>W. C * *</i>, æt. 36. English seaman. Transferred on the 23rd August 1857 as a case of Dementia, from the Presidency General Hospital, where he was admitted with Hemiplegia, supposed of epileptic nature, on the 6th August 1857. On the Patient's transfer to the Asylum, he exhibited symptoms of Hemiplegia of the left side of the head and body, and of the upper and lower extremity, without loss of sensation. His voice was low, whispering, he had involuntary twitchings of the mouth, which was not distorted, and he could not put out the tongue. The pupils were normal, the temperature and pulse of both sides similar, the pulse was 105, small, the tongue clean; appetite and bowels normal. He was perfectly coherent, and throughout his stay in the Asylum, he exhibited no symptom of impaired intellect. He lingered in a helpless state till the 28th August 1857.</p>	<p>About 8 oz. of bloody serum escaped on removing the skull. No opaline matter. Cerebral vessels much injected, substance firm, with numerous bleeding puncta; cortical and medullary substances very distinct. Corpora striata much discoloured, their colour resembling that of the cortical substance or even a little darker. Each lateral ventricle contained about one ounce of limpid serum; choroid plexus highly injected, with clusters of hydatids; arbor vitæ very distinct. Weight of cerebrum and cerebellum, pons and medulla oblongata 3 lb. 2 oz. (50 ounces); of cerebellum alone 5 ounces.</p>	<p>Substance of the lungs normal, the right pleura with several adhesions, particularly to the diaphragm. The heart with a quantity of adipose deposit on the anterior surface, otherwise normal. Liver externally mottled, with large patches of yellow ochre-colour; substance normal. The spleen, alimentary canal, and urinary organs normal.</p>
<p><i>Mrs. N. V * * *</i>, æt. 23. Transferred from the General Hospital, on the 9th December 1856. A negress, native of Boston, U. S., tall, of spare make; general health good, till some 2 months ago, when a sudden fright caused a temporary suppression of the catamenia, accompanied with rheumatic pains. Has had no children. On the 26th November 1856, admitted in the General Hospital, passing feces and urine in bed, refusing solid food, fatuous, laugh-</p>	<p>The base of the cranium contained about 2 oz. of bloody serum, cerebral vessels turgid; remarkably little opaline matter; substance of the brain firm, with numerous bleeding puncta; cortical and medullary substances very distinct. In the substance of the anterior portion of the left hemisphere of the brain appeared an abscess, circular, about 2 inch. in diameter, filled with yellow matter, surrounded by a broad rose-coloured</p>	<p>Pleura adhering in several places; the lungs, heart, stomach, intestinal canal, liver and gall-bladder normal; the spleen very small; its weight a little less than 1½ oz., about 3 inch in length, 2 in breadth. The right ovary enlarged to the size of a goose's egg, extended with fluid. Os uteri thickened, injected; urinary bladder empty, collapsed.</p>

BRIEF HISTORY.	HEAD.	OTHER ORGANS.
<p>ing without cause; pulse low, skin cool, tongue foul, pupils natural. Milk appeared in the mammae, and at the same time the catamenia, with symptoms of hysterical mania. On the 1st December the pupils became dilated. She appeared, however, to be improving, and was transferred to the Lunatic Asylum. On admission she was taciturn, at times incoherent, and had an epileptic fit, later the mouth became aphthous. On the 17th December she became comatous, pulse very small, quick, later thready: subsultus tendinum, pupils at first contracted, later immovably dilated. In this state she lingered till the 20th December 1856, when she expired.</p>	<p>margin. The choroid plexus somewhat injected; each lateral ventricle contained a small quantity of bloody serum; weight of the cerebrum, cerebellum, pons and medulla oblongata 2 lb. 15 oz. (47 oz.); of cerebellum alone 7 oz. Examined under a microscope of high power (1,100 linear,) the matter filling the abscess exhibited exudation corpuscles, (single and double,) cells of the grey substance and of cellular tissue and fragments of epithelium of a serous membrane.</p>	
<p><i>Reverend Dr. J. N*</i>, æt. 35, admitted, second time, 24th February 1857. Doctor of Divinity of Rome, later Schoolmaster. Irishman; 15 years in India; of bloated, sheepish appearance. Originally a man of clear intellect and great learning, but intemperance had wrought a total wreck of former intelligence. He manifested loss of memory of the past, and even present; urine and stools were passed without reference to decency; in short, he was reduced to mere animal existence. His incoherent conversation was frequently a mixture of English, Greek, Latin and Italian phrases; some 5 years ago, he was under treatment in the private Lunatic Asylum. On the 29th May he became suddenly insensible, stertorous; pupils contracted. In this state he lingered till the 3rd June 1857.</p>	<p>Scarcely an ounce of dark colored serum escaped. A small quantity of opaline matter; cerebral vessels turgid, substance of the brain softened, flabby, with few bleeding puncta; cortical and medullary substances indistinct, ill-defined; choroid plexus injected, with clusters of hydatids; each lateral ventricle contained about one ounce of limpid serum; substance of cerebellum very soft, but arbor vitæ very distinct. Weight of cerebrum, cerebellum, pons and medulla oblongata, 2 lb. 15 oz. (47 oz.); of cerebellum alone 7 oz.</p>	<p>Pleura adhering in many places; lungs greatly injected; pericardium much thickened, externally covered with adipose deposit; in many places firmly adhering to the heart, which was small, covered with adipose deposit. The liver externally and internally mottled, with patches of nutmeg-color; substance dry, but firm. Gall-bladder extended with pale greyish green bile. Spleen normal, but small, weighing 5 oz. stomach, small and large intestines, kidneys and urinary bladder normal.</p>

BRIEF HISTORY.	HEAD.	OTHER ORGANS.
<p><i>Mrs. M. G. * *</i>, æt 43, admitted 7th April 1837. East Indian, native of Madras. Dementia. Habitually taciturn, melancholic; occasionally counting loudly in Portuguese, from 1 to 16. Habitually pulling single hairs from a circumscribed spot on the top of the head. Greatly emaciated, of cachectic appearance. From the 23rd November 1856, she commenced gradually sinking, and expired from general exhaustion on the 25th December 1856.</p>	<p>Brain normal, very firm, the substances very distinct; weight of the cerebrum, cerebellum, pons and medulla oblongata, 2 lb. 7 oz. (39 oz.) of cerebellum alone 6 oz.</p>	<p>Pleura adhering in a few places; pectoral, abdominal and pelvic viscera normal.</p>

Endemic diseases.

BRIEF HISTORY.	HEAD.	OTHER ORGANS.
<p><i>A. W * * * *</i>, æt. 35, European, born in India. Admitted for the second time, 3rd November 1855. Broker. Mania (emotional, notional and intellectual insanity.) Cause: failure in business; exposure to the sun. Of spare make, originally of limited intellect, of sheepish expression; forehead remarkably sloping, low and narrow. Continued excessively violent, of perverted ideas, of rambling, incoherent discourse, and of excessively filthy habits. Great cunning was manifested in contriving an escape. The vessel on which he was despatched to Europe was put back, and he was readmitted greatly emaciated, violent. On the 2nd August 1856, symptoms of hemorrhagic Dysentery appeared, under which he expired on the 11th August 1856.</p>	<p>No serum escaped. Cerebral vessels injected; on each lobe along the falx cerebri a quantity of opaline matter; substance of brain firm, with few bleeding puncta; the cortical and medullary substances very distinct; choroid plexus slightly injected; lateral ventricles with a little serum; arbor vitæ distinct; weight of cerebrum, cerebellum, pons and medulla oblongata: 2 lb. 8 oz. (40 oz.) of cerebellum alone 8 oz.</p>	<p>Lungs normal; heart rather small, with a quantity of fatty deposit; substance of liver pale; spleen small, weighing 3 oz; length 4 inch, substance pale. Inner coats of the large intestines throughout with numerous large ulcerations, shallow with slightly raised deep red margins, the centres with blackish sloughs; ileo-colic valve and vermiform appendage thickened, ulcerated. Inner coats of ileum of a crimson colour, injected, but free from ulcerations, the rest of the small intestines, kidneys and urinary bladder normal.</p>

BRIEF HISTORY.	HEAD.	OTHER ORGANS.
<p><i>G. A. L**</i>, æt. 38; admitted 14th April 1847. Seaman, Englishman. Chlorotic, of broken constitution. Mania (emotional, notional, and intelligential Insanity.) At times very violent, melancholic, fancying himself surrounded by murderers; at times idiotic. On the 1st August 1854, he had a slight attack of Diarrhœa from which he soon recovered. On the 26th August appeared symptoms of Dysentery, which terminated fatally on the 31st August 1856.</p>	<p>Scarcely an ounce of dark coloured serum escaped; cerebral vessels not injected; on each lobe a quantity of white deposit, resembling minute drippings of tallow; substance of the brain firm, of a chlorotic hue, with remarkably few bleeding puncta; cortical and medullary substances very distinct; choroid; plexus pale with clusters of large hydatids; in each lateral ventricle about an ounce of limpid serum; weight of cerebrum, cerebellum, pons and medulla oblongata 2 lb. 15 oz. (47oz.) of cerebellum alone 4 oz.</p>	<p>Liver of a pale ash colour, firmly adhering to the diaphragm; substance dry; gall bladder extended with pale greyish bile. Large intestines throughout thickened, leathery, varying from 1 to 1½ inch in diameter; inner coats throughout with numerous large (from 1 to 1½ inch) ulcerations, frequently confluent, with raised, broad granulating margins, of a buff colour, the centres depressed, with ragged blackish sloughs. The small intestines and the rest of the organs normal.</p>
<p><i>D. K***</i>, æt. 31. Admitted 2nd March 1856. Gunner; Scotchman, of robust make, of wild expression. Mania, (emotional and notional Insanity.) Frequent paroxysms of fury. Destructive; at times melancholic, haunted by hallucinations of conspirators and diseases. On the 16th September 1856, early in the morning, he was suddenly attacked by spasmodic Cholera, which terminated fatally in about 9 hours. During the attack, there appeared a marked dawning of intellect, his replies being coherent, and his conduct quiet.</p>	<p>About 3 oz. of dark serum escaped; cerebral vessels much injected, no opaline matter; substance of the brain firm; cortical and medullary substances very distinct; numerous bleeding puncta; choroid plexus greatly injected, livid; each lateral ventricle contained about one ounce of bloody serum; weight of cerebrum, cerebellum, pons and medulla oblongata 3 lb. 4 oz. (52 oz;) of cerebellum alone 8 oz.</p>	<p>Vasa majora and both surfaces of the heart loaded with fatty deposit, also some in the right ventricle, which contained some dark serum. Liver externally and internally nutmeg-coloured. Spleen enlarged, weighing 20 oz. about 8 inches long, 5 inch broad. Stomach extended with gases; urinary bladder empty, but not collapsed. The rest of the viscera normal.</p>
<p><i>J. R. D**</i>, æt. 30. Admitted 12th December 1857. Private, H. M.'s 84th Foot, Englishman, formerly a labourer; of short stature, but of well knit frame; garrulous, incoherent, but quiet; tongue clean, but tremulous, pulse natural; says that he has for some time suffered from Diarrhœa, which is the case. He is reported during several months to have been in Hospital at Rangoon, labouring under insanity, but no case</p>	<p>No serum escaped; along the falx cerebri a quantity of opaline deposit; substance of the brain firm, with numerous bleeding puncta; the cortical and medullary substance and arbor vitæ very distinct. Choroid plexus greatly injected; in each lateral ventricle about two drachms of limpid serum; about two to three ounces of bloody serum at the base. Weight of cerebrum, cerebellum, pons and medul-</p>	<p>Cavities of the heart distended with black blood; lungs in a state of venous congestion; liver externally and internally of a dull earthy color, substance dry; gall-bladder distended with thick green bile; weight of the liver 2 lbs. 11 oz. (43 oz.) spleen normal, weighing 4 oz. stomach, large, and small intestines and kidneys normal; urinary bladder collapsed.</p>

BRIEF HISTORY.	HEAD.	OTHER ORGANS.
accompanied the Patient. On the morning of the 14th December 1857, he was suddenly attacked with spasmodic Cholera of most malignant character, which terminated fatally in about 12 hours. During the attack, he continued incoherent and garrulous.	la oblongata 3 lb. (48 oz.); of cerebellum alone 6 oz.	

Other diseases.

BRIEF HISTORY.	HEAD.	OTHER ORGANS.
Miss A. M***, æt. 74; admitted 1st September 1836, East Indian, a Ward of the Military Orphan Society. Dementia senilis. Fond of dancing and singing, at times peevish, very abusive, and violent. Without previous illness, on the 4th October 1856, the hands and face commenced becoming cedematous, the bowels became relaxed, and she gradually sunk, and expired on the 12th October, from old age.	A quantity of opaline matter; substance of the brain firm with few bleeding puncta; cortical and medullary substances very distinct, weight of cerebrum, cerebellum, pons and medulla oblongata, 2 lb. 6 oz. (38 oz.); of cerebellum alone 5 oz.	A quantity of yellow fatty deposit on the anterior surface of the heart. Some old adhesions of the right lung, otherwise, as well as the rest of the viscera, normal.
N. W. M * * *, æt. 72, Admitted 1st February 1839. An Armenian, a watchmaker and painter. Dementia, caused by domestic trouble; subject to frequent fits of excessive rage, venting itself in abuse. Since the 1st January 1856, he enjoyed excellent physical health till July, when he suffered from a short attack of Diarrhoea, from which he speedily recovered. Although his appetite and bowels continued normal, he commenced losing flesh in the middle of September, and without complaining, he gradually broke down and expired from old age, on the 3rd October 1857.	No serum escaped; along the falx cerebri a quantity of opaline matter; substance of the brain firm, with numerous bleeding puncta; the cortical and medullary substance and arbor vitæ very distinct. Choroid plexus pale, with a few hydatids. In each lateral ventricle about one ounce of limpid serum, of which about 3 oz. also appeared on the base. Weight of cerebrum, cerebellum, pons and medulla oblongata 2lbs. 8½ oz. (4½ oz.) of cerebellum alone 6 oz.	Heart, lungs, stomach and intestinal canal normal; no traces of ulceration in the large intestines. Weight of liver 2 lbs. 11 oz. (43 oz.) of spleen 1½ ounces; both as well as the urinary viscera healthy.

BRIEF HISTORY.	HEAD.	OTHER ORGANS.
<p><i>J. T * *</i>, æt. 26, admitted 2nd July 1856. Gunner, formerly mill wright. Scotchman. Emaciated, of cachectic appearance; 3 years in India. Mania (emotional and notional Insanity.) Habits intemperate. Throughout excessively violent, sleepless; small sore over the sacrum sloughing, and every trifling excoriation assuming an angry look. About the 7th August, a large livid swelling of the left trochanter major, another of the left side of the chest, affecting with caries the 1st Costa. Expired on the 19th August 1856.</p>	<p>About 4 oz. of dark colored serum escaped; cerebral vessels not injected, a small quantity of opaline matter; substance of brain very soft, flabby, with few bleeding puncta; cortical and medullary substances very distinct; choroid plexus pale; each lateral ventricle with about half a drachm of limpid serum; weight of cerebrum, cerebellum, pons and medulla oblongata 3 lb. 8 oz. (56 oz.) of cerebellum alone 6 oz.</p>	<p>Left lung adhering throughout; pleura greatly thickened, adhering to the pericardium and diaphragm. A large abscess, discharging a pint of yellowish grey pus, in the intercostal muscles between the left clavicle and the 1st costa, which latter, near its sternal process, was nearly corroded by caries. Substance of left lung congested; right normal. Pericardium thickened, leathery, firmly adhering to the left pleura and to the diaphragm, the cavity containing about 4 oz. bloody serum. Heart flabby about the base; between the vasa majora a quantity of yellowish adipose deposit; valves and cavities normal. Intestinal canal, liver, spleen, and urinary organs normal.</p>

VIII.

RULES

ESTABLISHED BY GOVERNMENT

FOR THE CONTROL AND MANAGEMENT OF THE

ASYLUM AT BHOWANIPORE

FOR

European and Country-born Insane Persons.

PUBLISHED BY ORDER OF GOVERNMENT. 1857.

MEDICAL CHARGE, CONTROL AND SUPERINTENDENCE.

1st. THE general control and superintendence of the Asylum for
General control and Insane European and Country-born persons at this
superintendence. Presidency are vested in the Medical Board and
the Commissioner of Police of Calcutta.

2nd. The Members of the Medical Board in succession, and the
Commissioner of Police of Calcutta shall visit
Monthly Return. the Asylum on the 1st day of every month,
and in those visits they will inspect minutely, and make particular
inquiries into the state of each Patient. They will, on the first day of
each month, also submit to the Government a Return of the Patients in
the Asylum, signed by them conjointly. In this Return they will furnish
remarks containing their sentiments on the general state of the Asylum,
and on its management, in so far as regards the comfort and welfare of
the Patients, with reference to food, clothing, cleanliness, medical treat-
ment, and humane care and attention on the part of the Superintendent,
and of the Subordinate Officers employed under his authority. A
similar Return, signed by the Superintendent, will be furnished every
first day of the month to the Medical Board.

The following is the Form of the Monthly Return:—

MONTHLY RETURN of Patients in the Asylum for European Insanes at Bhowanipore.

Fort William, the ———, 18 .

[illegible]

(Signed) _____

Superintendent, Lunatic Asylum.

(Signed) _____ *Visiting Member.*

(Signed) _____ Commissioner of Police.

3rd. The Medical Board will be held responsible that due care and attention are bestowed upon the Patients in every respect, and that no deficiency is permitted in regard to any object that may be conducive either to the welfare and comfort of their unhappy situation, or to their ultimate recovery.

4th. The Superintendent shall have the immediate charge and management of the Asylum, under the control and direction of the Medical Board. He shall reside in the quarters adjoining the Asylum, which shall hereafter be provided for such purpose. In order to insure his whole time and attention being exclusively devoted to the care of the Patients, the Superintendent shall abstain from engaging in general practice, except when called to visit persons afflicted with Insanity.

Authorities who admit
Patients.

5th. The Authorities in whom is vested the
power of admitting Patients in the Asylum are :—

The Governor of Fort William (through the Town Major).

The Government of Bengal (through the Secretariat Department).

The Medical Board (through the Secretary or the Visiting
Member).

The Commissioner of Police of Calcutta.

6th. Insane Patients, belonging to Her Majesty's Army or Navy, or

Admission of Insane
Patients of Her Majesty's
Army and Navy, of the
Hon'ble East India Com-
pany's Army and Marine.

to the Hon'ble East India Company's Army or
Marine Department, shall be sent to the Asylum,
after having been examined and reported upon
by a Medical Committee. Patients belonging

to the Civil Departments, will be admitted in the Asylum after their

Of the Civil Depart-
ment.

Insanity shall have been certified by two Medical
Officers, or by a Magistrate and a Medical Officer.

The Insanity of Patients unconnected with the Public Service, shall,

Of Patients unconnect-
ed with the Public Ser-
vice.

before admission in the Asylum, be certified by
two Medical Officers or Practitioners, or by a
Magistrate and a Medical Officer or Practitioner.

The following is the Form of Certificate required :—

We do hereby certify, that A. B. is labouring under mental derange-
ment, and according to the best of our judgment,
we consider him a fit object for admission into the

Form of Certificate.

Lunatic Asylum at Bhowanipore.

(Signed)

C. D.

„

E. F.

Documents required on
admission of Patients.

The following documents shall be transmitted
with Patients sent for admission in the Lunatic
Asylum, viz. :—

Reports of Medical Committees, in triplicate.

Statement of the case, in triplicate.

A Certificate.

Transcripts of the documents are to be made in a book of Record

Book of Record.

kept in the Asylum for that purpose, and the
authenticity of the copies is to be certified by

the signature of the Superintendent.

Applications for the admission of Private Paying Patients shall be accompanied by a reference to a party, pledging himself monthly to defray the expenses of the maintenance and clothing of the Patient.

Admission of Private Paying Patients.

Applicants for the admission of Pauper Patients shall satisfy the admitting authority of their inability to defray the expenses of such Patients.

Of Private Pauper Patients.

7th. All Patients admitted into the Asylum, shall be visited and examined by the Visiting Member of the Medical Board, immediately on their admission, or as soon afterwards as possible. The Visiting Member will enter and sign in the book of Record, kept for that purpose, his opinion respecting the person admitted and the propriety of the future detention of the Patient. The Superintendent will immediately report, through the Visiting Member, every admission to the Medical Board.

Patients on admission to be examined by the Visiting Member of the Medical Board.

8th. Patients shall be discharged from the Asylum, or sent on boardship to England, only by the authority of the Visiting Member of the Medical Board, the sanction of Government in the latter case being of course previously obtained. In ordinary cases, when a Patient is to be discharged, the Superintendent shall apply to the Visiting Member for his sanction for the discharge, and the document containing such sanction shall be kept on record in the Superintendent's Office. In all practicable cases, a receipt for the person discharged, signed by the Party receiving such person, shall be kept on record. The Visiting Member of the Medical Board and the Commissioner of Police of Calcutta, in their monthly visits to the Asylum, shall carefully inspect the book of Record.

Discharge of Patients.

The Superintendent shall report to the Medical Board the discharge, embarkation, death or desertion of Patients of every description. Of Patients belonging to the Hon'ble East India Company's Service, the Superintendent shall furnish such Reports to the Town Major, Fort William; of Patients belonging to Her Majesty's Service, to the Brigade Major of Queen's Troops.

Reports of Discharge.

9th. It will be the duty of the Superintendent to keep a Medical Diary or Journal, of the Form directed in the Code of Medical Regulations, Chapter XXII. In

Medical Diaries.

the Diary the case of each Patient is to be particularly described, and the name, period of admission, age, country, temperament, pursuits, and habits of the Patient, and the history of the Disease, so far as it may be possible to ascertain those circumstances, carefully detailed. The medical treatment and general management of each Patient shall also, from time to time, be described in this Book, together with the success attending the measures adopted for the cure of the Patient. In case of bodily indisposition, a daily Report of the Disease, and its treatment, shall be entered in this Book, and the event, whether in death or recovery, stated, as is usual in ordinary Medical Journals of European Hospitals. The progressive result of the treatment for the cure of Insanity, the periods of the disease of Patients, or in cases of recovery, those of their discharge, shall also be carefully recorded. This Book shall be attentively inspected in the periodical visits of the Members of the Medical Board and of the Commissioner of Police of Calcutta, who, in their Reports to Government, will state whether this Record is duly and regularly kept by the Superintendent.

10th. The Superintendent shall regularly visit the Asylum in the morning and, when requisite, in the evening of each day, and shall, at every visit, carefully inspect the case of each Patient, and adopt such measures as may appear necessary, under the particular circumstances that shall from time to time occur. Besides these stated visits, the Superintendent shall at all other times, give his attendance when required. In this manner due care and attention are to be extended generally to the duties of the Asylum, and particularly to the separate case of every Patient, under all its peculiar circumstances and variations.

11th. The Superintendent shall, on the 1st of January, furnish to the Government of Bengal and to the Medical Board an Annual Return of the Patients, prepared according to the following Form :—

ABSTRACT.

	REMAINED 1ST JANU- ARY 18 .	ADMITTED.	RE-ADMITTED.	TOTAL OF REMAINED, ADMITTED, AND RE- ADMITTED.	CURED DISCHARGED.	IMPROVED, TRANSFERRED TO FRIENDS.	NOT CURED, SENT TO EUROPE.	DIED.	REMAINING UNDER TREAT- MENT.	PAYING.	PAUPER.
MALE									EUROPEANS. Male .. Female ..		
FEMALE									EAST INDIANS. Male .. Female ..		
TOTAL ..											

Ratio per cent. of Cures and Transfers.....

Ratio per cent. of Mortality

Influenced by the Moon

FORT WILLIAM, BHOWANIPORE; }
The 1st January 18 . }

Superintendent of Asylum

12th. Whenever the Visiting Member of the Medical Board, in concurrence with the Superintendent, shall decide upon the propriety of sending a Patient to Europe, the latter Officer shall, through the Visiting Member, address a letter upon the subject to the Medical Board, specifying the name of each Patient and enclosing a Statement, in quadruplicate, of the case of each Patient recommended to be despatched to Europe. In addition to the Medical history, such Statement shall contain all available information concerning the name, occupation, and addresses of the next of kin of the Patient. On the receipt of the sanction of Government for the despatch to Europe of Patients, the Superintendent shall, through the agency of the Contractor of the Asylum, obtain all requisite necessaries for such Patients. Each article shall be submitted to the approval of the Visiting Member of the Medical Board and of the Superintendent, and the approval of these Officers shall be signified by their signature of a list of the articles, of which a duplicate copy is to be kept on record. The amount of expenditure incurred shall be charged in a Contingent Bill, signed by the Superintendent, and countersigned by the Visiting Member.

13th. On the receipt of intimation from the Superintendent of Marine Embarkation of Patients, of the time fixed for embarkation, the Superintendent of the Asylum shall apply to the Town Major of Fort William for a European Guard to attend at the embarkation of the Patients and their Baggage. An Overseer of the Asylum shall be in attendance, and it shall be his duty to procure the signature of the Commander of the Ship for the receipt of the person of each Patient embarked, and for the Baggage. For such purposes, the Overseer on duty shall be provided with a Nominal Roll of the Patients embarked, and with a Return, specifying the articles or necessaries supplied to each Patient.

14th. It is impossible to fix the precise period of treatment beyond which Insane Patients born in Europe can no longer be considered fit objects of the Asylum. The Establishment being in its nature for Patients born in Europe, one of purely temporary accommodation, it may be generally assumed that if, after the expiration of six months from his admission, a Patient born

in Europe, shall have shown no signs of amendment, the propriety of giving him a further chance of recovery, by removal to a colder climate, may become a question of deliberation with the Superintendent. Twelve months shall, except under special circumstances, be deemed the utmost length of time during which Patients, born in Europe, shall be allowed to partake of the benefits of the Institution.

SUPPLY OF THE ASYLUM.

15th. The Diet, Clothing, Bedding, and all other necessities required for the Patients, shall be supplied by private contract, subject to the approval of the Visiting Member of the Medical Board and of the Superintendent, who shall jointly sign the amount of expenditure, charged in a Contingent Bill. The supplies of Medical Stores shall be regulated according to the Rules laid down for European Hospitals in the Code of Medical Regulations.

Diet, Clothing, Bedding, &c.

Medical Stores.

16th. With reference to the station in society to which the Patients may happen to belong, they shall be divided in two Classes, First and Second. On the admission of a Patient, the Visiting Member of the Medical Board shall determine the Class in which such Patient is to be entertained. The Clothing and the Bedding generally shall be of the kind used by persons ordinarily in their respective stations in society. Articles of this description, which require to be washed, will be provided in sufficient quantity, to afford to Patients of the First Class a daily change, and to Patients of the Second Class a change every second day. Articles which do not require to be washed, shall be changed and renewed only according to the judgment of the Superintendent, confirmed by the Visiting Member.

Class of Patients.—
First and Second.

Clothing and Bedding.

17th. When supplies of Clothing, Bedding, &c. are required, a List shall be prepared, in which the number and description of the several articles required are to be specified. With the sanction of the Visiting Member of the Medical Board, the requisition may be complied with by the private Contractor. Each article shall be submitted to the approval of the Visiting Member and of the Superintendent, who, by their signatures

Supplies of Clothing, Bedding, &c.

to the List, shall certify their approval. The amount of expenditure shall be charged in a Contingent Bill, to be signed by these Officers. The Superintendent shall make a yearly inspection of Clothing, Bedding, Cooking Utensils, and other furniture in the charge of the Steward and of the Matron. The "Taking of Stock" shall be conducted in conformity with the Rules laid down in the Code of Medical Regulations, Chapter XIV. Page 19.

Unserviceable articles are to be condemned with the sanction of the Visiting Member, who shall countersign Returns, specifying such articles. All unserviceable articles shall be sold, and the proceeds shall be paid into the General Treasury.

18th. The Asylum shall be dieted by private contract. The articles of Diet of the Asylum generally shall be of the best quality procurable, and of a description equal, if not superior, to that which each individual Patient may have been accustomed to under ordinary circumstances in health. A separate liberally supplied table will be kept for Patients belonging to the First Class. The Patients of the Second Class will be dieted on a scale based upon the Table of Diets for European Hospitals, specified in the Code of Medical Regulations, Chapter XIII. As the adoption of precise Rules in respect to the diet of the Patients in the Asylum would not appear to be practicable, the kind and quantity of all ordinary and extra articles of Diet and Indulgencies must be subject to such regulation and modification, as may be proper and expedient in the judgment of the Superintendent. The daily supply of articles of Diet of every description shall every morning be submitted to the inspection and approval of the Superintendent. All Accounts connected with the dieting of the Asylum, shall be kept by means of "Diet Rolls" and "Statements of Extra Articles," in strict conformity with the Rules contained in the Code of Medical Regulations, Chapter XIII., Paras. 5, 6, 7 and 8.

All supplies of Wine, Beer, and Spirits shall be furnished by private contract. The Bills of the Contractor for supplies of every description of Wine, Beer, Spirits, &c. shall be provided with the signatures of the Visiting Member and of the Superintendent.

19th. Tables, Chairs, Bedsteads, Table and Bed-linen, Cooking Utensils, and every article of that description, as well as Lamps and Oil, shall be supplied by private contract, in the same manner as directed regarding Clothing and General Supplies.

Furniture.

MEANS OF MORAL TREATMENT.

20th. It is the intention of the Government, that no articles shall be withheld which may tend to the recreation or occupation of the Patients, and as such may be deemed necessary or useful means of Moral Treatment, a Library and three Periodicals will be allowed for the use of the Patients, also Musical Instruments, Music, Writing and Drawing Materials, appropriate Games, Philosophical Instruments, Tools for Work-shops, Materials for Male and Female industry,—in short, all requisites for recreation and intellectual or manual occupation. All such articles shall be supplied in the manner directed regarding General Supplies.

CHARGES FOR PATIENTS.

21st. The charges to be made for Patients of the First Class will be at the rate of Company's Rupees 100 per month; those for Patients of the Second Class, Company's Rupees 30 per month. These charges, however, are not intended to include Clothing. When the property of Patients is insufficient to defray their expenses in the Asylum, it is reasonable and proper, that in all practicable cases they should become a charge on their relations and friends. It will therefore be expected that the natural duty of maintaining persons in this unhappy situation will be undertaken by their relatives who may possess the means of affording it. Bills of payment for the maintenance of Patients will

Bills of payment.

be presented monthly, signed by the Superintendent, who will cause such amounts to be paid into the General Treasury. All sums of money which the Superin-

Money belonging to Patients how to be disposed of.

tendent may receive, belonging to Patients admitted into the Asylum, shall be deposited in the General Treasury, and the whole of the money thus deposited, shall be carried to one credit, while the detailed account of it, between the Asylum and the Patients, shall be kept by the

Superintendent. All other property besides money, the Superintendent shall make arrangements for keeping in the Asylum, selling annually, or otherwise periodically, all articles, the owners of which, being non-paying Patients, may have intermediately died. Such proceeds are to be paid into the General Treasury. The funeral expenses of deceased persons, who have been Paying Patients, must be defrayed by the party who may have been answerable for the payment of the bills of maintenance. The funeral expenses of defunct Pauper Patients shall be drawn in Contingent Bills, signed by the Superintendent and countersigned by the Visiting Member of the Medical Board.

Property of deceased
Pauper Patients how to
be disposed of.

Funeral expenses.

22nd. In all cases when it shall clearly appear, that neither the funds of Insane Patients, nor the circumstances of their relations and friends, are adequate to defray the charges on account of their care and maintenance in the Asylum, the necessary expenses on that account will be charged to the Government. Such Patients, on their admission into the Asylum, shall belong to the First or Second Class, according to the station and rank in life which they may have previously occupied.

Pauper Patients.

In which Class to be
placed.

23rd. In order that no expense, but what is absolutely necessary, may be incurred by the Government, on account of Patients received into the Asylum, it will be the duty of the Medical Board to institute particular enquiries, in respect of the circumstances of all Patients admitted into that Establishment, for whom public support is required. These enquiries shall likewise extend to the situation and circumstances of the relations and friends of the Insane persons. Such information as may be thus procured, shall be submitted to the Government, in order that a correct judgment may be formed, whether charitable consideration and support are necessary and proper. The orders which the Government may deem necessary in every particular case of the kind, will be communicated to the Medical Board.

Enquiries to be made
in respect of the circum-
stances of Pauper Pa-
tients.

24th. The allowances of Warrant Officers, Non-Commissioned Officers, and Soldiers will cease on their being admitted as Patients into the Asylum. The families of such Patients, to whom the cessation of allowances may

Allowances of certain
Patients cease while under
treatment in the Asylum.

Families of such Pa-
tients.

be productive of circumstances of hardship, will be pleased to make their situations and claims known to the Government through the Medical Board. It will be the duty of that Board to submit to the Government all representations of this kind that may be presented to them, and they will at the same time furnish such further information, in regard to each particular case, as they may be enabled to obtain, together with such observations as they may deem necessary. The Government, in every case of this kind which may regularly be brought before them, will carefully consider the circumstances stated, and pass such orders as they may deem necessary or expedient in each particular instance.

SUBORDINATE ESTABLISHMENT.

25th. The following Return exhibits the strength and monthly pay of the Subordinate Establishment, which, for the present, has been sanctioned by the Supreme Government, subject to such future alterations as shall be deemed necessary, *viz.* :—

SUBORDINATE OFFICERS.

Return of Subordinate Establishment.	Matron	100	0	0
	Apothecary	150	0	0
	Steward	150	0	0
	Overseer	70	0	0
	Overseer	50	0	0

SERVANTS.

1 Native Writer	25	0	0
1 Compounder and Dresser in one person	10	0	0
1 Head Native Keeper	16	0	0
3 Assistant Keepers	21	0	0
15 Keepers	90	0	0
1 Khansafna	9	0	0

Carried over Co.'s Rs. ... 691 0 0

Brought forward, Co.'s Rs. ... 691 0 0

3 Khidmutgars	...	...	...	...	...	18	0	0
1 Mussalchee	...	...	...	...	...	4	0	0
3 Cooks and Assistant	...	...	...	...	...	18	0	0
2 Bearers	...	...	...	...	...	18	0	0
3 Tailors	...	...	...	...	...	18	0	0
1 Barber	...	...	...	...	...	6	0	0
1 Head Malee	...	...	...	...	...	6	0	0
2 Mate Malees	...	...	...	...	...	10	0	0
3 Malees	...	...	...	...	...	12	0	0
1 Carpenter	...	...	...	...	...	10	0	0
3 Coolies	...	...	...	...	...	14	0	0
5 Bheesties	...	...	...	...	...	25	0	0
6 Sweepers	...	...	...	...	...	30	0	0
2 Head Ayahs	...	...	...	...	...	14	0	0
4 Ayahs	...	...	...	...	...	24	0	0
5 Mehtranees	...	...	...	...	...	30	0	0
1 Corner Mehter	...	...	...	...	...	2	0	0
1 Head Durwan	...	...	...	...	...	7	0	0
3 Durwans	...	...	...	...	...	18	0	0
1 Washerman	...	...	...	...	...	50	0	0

Grand Total, Co.'s Rs.... 1,025 0 0

26th. The whole of the Subordinate Establishment of the Asylum shall receive their pay from the General Treasury, drawn in a Bill signed by the Superintendent, and countersigned by the Visiting Member of the Medical Board. The Subordinate Establishment shall be regularly mustered on the first day of each month, and it shall be the duty of the Visiting Member to ascertain that the whole of the Establishment is regularly maintained.

Pay of Subordinate Establishment.

Muster.

General Rules for the guidance of the Subordinate Officers.

A Copy of the General Rules for the guidance of the Subordinate Officers, drawn up by the Superintendent and approved by the Medical Board, shall be kept suspended in the Office of the Asylum. A translation

in Bengalee of the Rules for the conduct of the Servants, drawn up by the Superintendent, shall be read to the Servants at every muster, and a copy of the Rules, in English and Bengalee, is to be kept suspended in the Office of the Asylum.

27th. All the Subordinate Officers shall be provided by the Superintendent of the Asylum in communication with the Medical Board. The power of discharging any of them for misconduct shall, at the representation of the Superintendent, be exercised by the Medical Board. The Superintendent of the Asylum shall provide all the Native Servants, and in cases of misconduct, he shall have full power of discharging them.

28th. The following are the Rules referred to in Paragraph 26.

GENERAL RULES

FOR THE GUIDANCE OF THE

SUBORDINATE OFFICERS OF THE ASYLUM.

1st. Unwearied kindness is, under all circumstances, to prevail in the treatment of the Patients, and care is to be taken that no curative measure ever is suffered to acquire the appearance of vindictive spirit or punishment.

2nd. In sudden emergencies, when seclusion may be deemed indispensable, the Subordinate Officer will immediately report the circumstance to the Superintendent.

3rd. The Visiting Member of the Medical Board and the Commissioner of Police are at all times to be admitted and to have access to the Office Records. The Inspector General of Her Majesty's Hospitals and the 1st Class Staff Surgeon at the Presidency are at all times to have access to Patients of Her Majesty's Service who may be under treatment in the Asylum. All other visitors require an order of admission, either general or special, signed by the Superintendent, failing which, no visitors will be admitted in the wards. Communications to or from the Patients will, in the first instance, be submitted to the Superintendent. The Subordinate Officers will refer all enquiries concerning the Patients or the Institution to the Superintendent.

4th. It being impracticable concisely to define the duties of each individual Subordinate Officer, it is laid down as a general rule, that each and all are readily and cheerfully to render their assistance, whenever required.

5th. The introduction of sharp, pointed or blunt weapons, of whatever description, is strictly prohibited. Patients are to have no access to the kitchen, nor to the ante-chamber, while the Servants are engaged in carving. Knives and Forks, used for the latter purpose, are to be excluded from the meals of the Patients.

6th. The Apothecary and Hospital Steward, in addition to their specific duties, will at all times assist in the conduct of the general duties. The General Rules and Regulations for European Hospitals are to be strictly adhered to. The Apothecary will have charge of the Reading Room (Library and Journals,) where a Native Keeper, will be in attendance, while the Patients frequent the Reading Room. All emergencies will immediately be reported by the Apothecary or the Steward to the Superintendent.

7th. The two Overseers will jointly see that all duties are properly executed, and more particularly that the Native Head Keeper and his Assistants do their duties. All irregularities will immediately be reported to the Superintendent.

8th. An Overseer will attend at the meals, and at out-door exercise, of both classes of Patients. During the day, the Overseers will frequently visit the wards, and they will take the night rounds alternately. In the morning, the Overseer on duty during the preceding night will make a verbal report of the occurrences to the Superintendent.

9th. The Matron will have the immediate charge of the Female Servants and the wardrobe (public or private) of the Female Patients. She will attend to the order and cleanliness of the Female Wards, preside during the meals, and superintend the occupation and recreation of the Patients. All emergencies in the Female Wards will immediately be brought to the notice of the Superintendent.

10th. Applications for leave of absence are to be made to the Superintendent during the morning or evening visitation. Hospital Servants will submit such applications through the Apothecary, the Matron, or the Hospital Steward, respectively.

11th. The Subordinate Officers are enjoined to show discretion, and not to divulge to idle curiosity the extravagancies which it may be their painful duty to witness.

THEODORE CANTOR, M. D., *Surgeon,*
Superintendent of Asylum.

FORT WILLIAM; BHOWANIPORE, }
The 1st March 1856. }

Approved. By order of the Medical Board.

(Signed) NORMAN CHEVERS, *Secretary.*

RULES

FOR THE

CONDUCT OF THE SERVANTS.

1st. The Native Servants, male and female, are strictly enjoined invariably to treat the Patients with the greatest kindness, to abstain from harsh language, threats, abuse, blows, and all other acts of oppression or violence. They are to remember that the Patients are of unsound mind, and not responsible agents.

2nd. The Head Keeper will see that the Keepers at all times perform their duties. Neglect of duty the Head Keeper will immediately report to the Subordinate Officers.

3rd. The Servants will at all times show the greatest deference and obedience to the Subordinate Officers, and do their duties quietly, and not talk loudly.

4th. Five Keepers will be on duty from 8 A. M. to 4 P. M. in the Southern and Western Wards, and four Keepers in the Eastern and the three separate Western Wards, during the hours specified. The nine Keepers of the day-watch will be relieved by an equal number, who will be on duty from 4 P. M. to 8 A. M. the following day. During the night-watch, one of the Keepers and one Durwan, with a lanthorn, will go round all the wards every quarter of an hour, to ascertain that the Patients

are in their rooms. During the day, the Keepers on duty will prevent the Patients from leaving the wards between the hours of out-door exercise.

5th. On a Patient's becoming violent or otherwise being taken ill, the Overseers will confine him to his room, and immediately report the circumstance to the Subordinate Officers.

6th. Servants are not secretly to carry letters, messages or articles to or from the Patients. If they are asked to do such things, they will immediately report the circumstance to the Subordinate Officers.

7th. The Hospital Writer will, at the Monthly Muster, read to the Native Establishment a Bengalee translation of the preceding Rules.

THEODORE CANTOR, M. D., *Surgeon,*
Superintendent of Asylum.

FORT WILLIAM ; BHOWANIPORE, }
The 10th May 1856. }

Approved. By order of the Medical Board,

N. CHEVERS, *Secretary.*

REPORT
ON THE
Asylum for Native Insane Patients
AT DULLŪNDA,
DURING THE YEARS 1856 AND 1857.

I. GENERAL DESCRIPTION.

THE Asylum for Native Insanes, which during many years had been at Russapuglah, a southern suburbs of Calcutta, was in 1847 removed into an edifice erected for the purpose in the Dullunda Fields. The Asylum at Dullunda is situated a mile to the southward of Fort William, between Aleepore and Bhowanipore, and in the immediate vicinity of the latter suburbs. The site is airy, being exposed to the northward to the plain surrounding Fort William; the southward is kept open by the grounds of the Asylum. According to the accompanying ground plan, Plate 2, the whole area covers a little more than 9 acres, forming within a boundary wall an irregularly elongated square. The Asylum for males is composed of four wings, facing a large square court, and stands between a good-sized garden and the open grounds to the southward. Three of the wings contain five separate wards, each ranged along the sides of its own square court. Of the wards three are occupied by Hindoos and one by Mussulmans. The wards are composed of a number of dormitories, each measuring from 5,120 to 11,520 cubic feet. The ventilation is effected by skylights, windows and half-panelled doors. During the daytime, the bedding is kept airing on bamboo stages, purposely erected in the grounds. The floors of the dormitories and verandahs are coated with asphalt, laid on in ripple-mark to prevent its becoming slippery. Each dormitory is provided with a closet, in charge of sweepers at all times in attendance. The closets are moreover provided with deodorizing earthen-ware jars, filled with charcoal. In addition to these means, lime and frequent ablutions insure the purity of the

atmosphere. The doors communicate with well-raised verandahs, sheltered from the sun and wet, and lighted up at night. The fifth ward is fitted up as a hospital, in which iron-cots and bedding of the pattern used in European Hospitals, have been substituted for wooden cots. The hospital of course is neutral ground, and frequented by all creeds. The centre of the northern wing is occupied by the European Subordinate, by part of the native establishment, by the office and the dispensary. Separate kitchens for Hindoos and for Mussulmans are situated on each side, and the wing moreover contains compartments which have been made to serve as store-rooms for the articles manufactured by the Patients. On each side of the large central court are placed five separate compartments, in which Patients are treated during paroxysms of violence. Each of these compartments communicates by a half-panelled door, opening into a common loop-holed verandah. The construction differs from that of the ordinary dormitories by the absence of windows, which produces a perpetual twilight, without, however, obstructing ventilation. The compartments are lofty, and air is admitted through the doors and sky-lights. As means of seclusion they would have been more effective, had they been constructed in the grounds, at such distance from the rest of the wards, as should have saved the quiet Patients from the consequences of hearing the noise of excitement. During the proper seasons, the different courts serve as work-shops, for which during the rains, the verandahs form but indifferent substitutes. At present the process of twisting ropes can only be performed in the large central court, and as none of the verandahs answer as a rope-walk, wet weather sadly interferes with the ordinary occupation. It is curious on such occasions to witness the force which habit will acquire even over Insanes. When protracted wet keeps them idle, many show symptoms of ennui. Habits are engendered by time, and in the present instance, they well deserve to be fostered. The garden and the grounds extending North and South, afford to the Patients exercise and some occupation. A large tank, dug at the south-eastern angle of the grounds, answers, according to the habits of the natives, the double purpose of bathing and drinking. Ablutions are performed by the different sexes on alternate days. The Asylum for females is of later construction than the rest of the edifice, and was not opened before the 10th April 1857. A boundary wall, with an entrance from the garden,

effectually separates the building from the adjoining one for males. The Asylum for females faces North and South, and is erected between two airy courts. The rooms are lofty, and the foundation is more elevated than the rest of the Asylum. The wards and verandahs form three sides of a square, open to the southern court, which arrangement secures a thorough current of air. The eight dormitories, of which one is used as hospital, are constructed on a plan similar to that of the division for males. The floors, however, are here stuccoed, as their elevation renders asphalt unnecessary. A kitchen is erected in one of the courts which, as well as the verandah serve, according to season, as places of occupation and exercise. The original plan of construction is an improvement upon the rest of the Asylum, but the omission of refractory-wards has to be rectified. At present during paroxysms of violence, the female Patients cannot be secluded, but have to be confined in one of the dormitories which, from their size and situation, are unsuited for such purpose.

. According to the Medical Board, (*Report on Lunatic Asylums in the Bengal Presidency, Calcutta 1855*), the Asylum at Dullunda was originally calculated for 150 Patients of both sexes, although nearly double that number have been treated in it since 1855. It may as well be here observed that the denomination of "Russa," the former locality of the Asylum, occurs throughout the Board's Report, instead of the present name of Dullunda. The original building which of late has been appropriated to male Patients exclusively, may be calculated at 104,960 cubic feet, or at nearly 700 cubic feet to each of 150 Patients. The new building for females, calculated to accommodate 80 Patients, measures 44,251 cubic feet, which allows a little more than 550 to each female Patient. The maximum number of Patients of both sexes on one occasion, in 1857, rose to 326. In 1856, the daily average number of Patients of both sexes was 282, in 1857, 288. To accommodate such numbers, it has been found necessary to place from 8 to 10 male Patients in each dormitory. In the ward for females 5 to 6 occupy each dormitory. As the increase of Patients continues steadily, the enlargement of the Asylum, already recommended by the Medical Board, is very desirable. Want of accommodation moreover precludes pathological classification. Sexes and creeds are at present the only practicable lines of demarcation. The Medical Board have also suggested the propriety of introducing improved

accommodation for the higher classes of natives, whose friends might be at the charge of such Patient's maintenance. Although admissions of native gentlemen are rare, they do at times occur. Another consideration worth noticing here, is the necessity of insane Convicts and Prisoners, in and out of hospital, mixing freely with the rest. In the Asylum every inmate is of course but a Patient, and what is commonly denominated a "Criminal Lunatic," has no existence. Fetters and chains are removed at once on admission, and returned to the place of confinement to which they may belong. During the years 1856 and 1857, from 45 to 47 prisoners and convicts of both sexes were treated at Dullunda. Separation of these Patients can only be effected at the expense of the establishment of a distinct Asylum. Hitherto, no complaints on this score have interrupted the intercourse of the Patients. The power of admitting Patients is vested in the Magistrate of the 24-Pergunnahs. Towards the year 1856, the state of the conservancy of the Asylum attracted the notice of the authorities. It had been effected by means of covered well privies, the original site and number of which are now only extant on paper in the ground plan. When they were newly sunk, such privies may have been unexceptionable, but the process of cleansing caused difficulties which were aggravated during the rains, when the water oozing in, produced fermentation and burst the covers. Such dangerous state has been remedied by the prompt exertions of Mr. H. D. H. Fergusson, the Magistrate of 24-Pergunnahs. The sinks have been removed, and an efficient system of conservancy has been introduced by means of an increased establishment of sweepers. The proximity of the branch river, Tolly's Nullah, has been turned to good account as a flowing receptacle for the soil which at once is removed from the Asylum.

II. EXPENDITURE.

At the recommendation of Mr. Fergusson, the Magistrate of the 24-Pergunnahs, a monthly amount of Rupees 100 was sanctioned by Government in 1855, to secure the services of a European Subordinate. The improved condition of the Asylum has been the result of the beneficial measure. The systematic occupation of the Patients could not have been carried out with regularity without European supervision. Insignificant as are the proceeds of the voluntary manufactures, they

derive some value from the consideration, that their production has been attended with the alleviation of much human misery.

Registers of Receipts and Disbursements of the Asylum at Dullunda for the two years, viz., from 1st January 1856 to 31st December 1857.

	1856.	1857.		1856.	1857.
Receipts credited to Government.	247 10 8	212 3 2	Disbursements.	20,888 12 10 $\frac{1}{4}$	21,919 14 8

All the Patients being paupers, maintained by Government, receipts form a novel feature in the accounts of the Asylum. The disbursements have during the two years increased, owing to the appointment of a European Subordinate Officer, and by the augmentation to the Conservancy Establishment.

III. DIETARY AND CLOTHING.

The Patients are dieted and clothed by private contract at a fixed monthly rate of Rupees 3 for each Patient. The provisions are submitted to daily examination, to insure their quality and quantity being unexceptionable. They are far superior to those which the Patients, who almost all belong to the poorest class of Natives, are accustomed to in health. To the majority, who on admission present a sad spectacle, the Asylum must appear like a grand mansion, and the effects of comfort and regularity soon become apparent in an improved physical condition. The following scale of diet has, during a number of years, obtained in the Asylum, first at Russapuglah, and later at Dullunda.

At 6 or 7 A. M.—Wheat porridge, 2 oz.

At 10 or 11 A. M.—Rice, 10 oz.—Pease, 4 oz.—Vegetables, 4 oz.—Salt $\frac{1}{2}$ oz.—Spices, 2 drachms—Butter, 2 drachms—Sugar, 2 drachms—Betel-nut, $\frac{1}{4}$.—Paun-leaf, 1—Hookah Tobacco, 2 oz.

At 5 or 6 P. M.—Rice 8 oz.—Beef or Mutton, 4 oz.—Fish, 4 oz.—Vegetables, 4 oz.—Oil, 2 drachms—Salt, $\frac{1}{2}$ oz.—Spices, 2 drachms—

Betel-nut, $\frac{1}{4}$ —Paun leaf, 1—Hookah-Tobacco, 2 drachms, Buttermilk, 12 oz., and Potatoes 8 oz., are allowed once a week. This is a bare standard scale of full diet, to which are added daily indulgencies, such as Sweetmeats, Cigars, Fruit, &c., as rewards for good conduct. The Hospital diet is modified according to each individual case. Extra articles, such as Poultry, Milk, Tea, Bread, &c., are separately accounted for; Wine and Spirits are obtained through the Commissariat Department. The clothing consists of the few articles of dress, worn by the poorer classes of natives of Bengal. Each Patient is supplied with a woollen blanket, three or four yards of cotton cloth, a sleeping mat and bedding of gunny. Shoes are articles of luxury, and given as such, when asked for. The great majority of Patients are admitted in a state bordering upon nudity, and are therefore on discharge permitted, not only to retain the Asylum clothing, but the Magistrate of the 24-Pergunnahs bestows charities to speed the penniless to their distant homes.

IV. NON-RESTRAINT SYSTEM.

As this system is the rule in the Asylum at Bhowanipore, so it in like manner obtains at Dullunda. The single exceptions to the rule have already been stated elsewhere (IV. *Report on Bhowanipore*), and render repetition in this place unnecessary. It should, however, be noticed that native Insanes are generally much more manageable than European Patients.

V. OCCUPATION AND AMUSEMENT.

Doctor Strong has described the employment and amusement which he introduced many years ago in the then existing Asylum at Russa. Singing, dancing, cards (not gambling,) and native musical instruments were encouraged. The women spun, made cloth, picked coffee, rice, &c.; the men were engaged in the garden and in agricultural pursuits. Coffee of superior quality thus grown, was in 1832 sent to the Hon'ble the Court of Directors (*Report for 1847 by the Surgeon of the 24-Pergunnahs, page 22.*) In 1856, in the Asylum at Dullunda, a plot of ground was under cultivation with sugar-cane; some of the patients assisted the gardeners, and a few the cooks. The occupation, however, left something to wish as far as regarded adequacy and

regularity. Employment of Insanes, having for its paramount aim the well-being and possible cure of the Patients, is a means to those ends only. What will pay or prove remunerative, need not be lost sight of,—but as a secondary consideration. If the labour be not perfectly voluntary, but be suffered to become compulsory, not only will the object in view be lost, but what was wholesome, becomes the very reverse. This is precisely the point of difference between the labour of Insanes and of Prisoners. Much more work might be done than the number of hands do at Dullunda, but then it could only be effected by compulsion.

• RETURN OF MANUFACTURE.

	1856.	1857.
	lbs.	lbs.
Rope	10,900	9,065
Twine	900	4,084
Total	11,800	13,149

The following correspondence will show the gradual progress of occupation in the Asylum.

No. 160.

FROM

THE SUPERINTENDENT ASYLUM, DULLUNDA,

To

THE MAGISTRATE, 24-PERGUNNAHS.

Fort William ; Dullunda, the 15th September 1856.

SIR,

FROM the interest which you have been pleased to take in my endeavour to introduce by means of employment a system of moral treatment in the Asylum at Dullunda, you are probably aware of the degree of success with which the attempt has been attended.

2. The male Patients are now occupied in the manufacture of rope and twine, and the female in spinning wool. The expense of the raw material (Jute or Indian flax, and wool), is borne on the Monthly Contingent Bill.

3. To accustom the Insane Patients to regular occupation has been a task of time and patience. It has been accomplished by persuasion and encouragement, but in no instance by compulsion or harsh treatment. It is scarcely necessary to observe that the labour of the Insane Patients, which is perfectly free and voluntary, cannot but be somewhat deficient in regularity and quantity. The following Table exhibits the quantity of work done from the 1st May to 31st August 1856 :—

	<i>Maunds.</i>	<i>Seers.</i>
Jute Rope	56	0
„ Twine	2	10
Coir Rope	1	25
Wool, spun	8	0

The quality of the rope and twine in particular is such as to command a ready sale, which at the current market rate leaves a small profit. An account of the manufacture is regularly kept, and the ready money till date in hand amounts to Co.'s Rs. 100, as specified hereafter, *viz.* :—

Cost of Raw Material, Spinning Wheels, &c.	Co.'s Rs.	75	4	5
Profit upon Manufacture „	...	24	11	7
		<hr/>		
Total, Co.'s Rs.	...	100	0	0
		<hr/>		

4. It is to the amount now in hand that I would request your attention, with a view to obtain instructions as to the disposal of the present, and of similar proceeds which may hereafter accrue from the sale of the free and voluntary manufactures of the Insane Patients at Dullunda.

5. While I superintended the Lunatic Asylum at Prince of Wales' Island (Pinang,) from 1842 to 1845, I was compelled out of my private means to advance the cost of the raw material, intended to serve as moral treatment. Upon the profit made by selling the manufacture, I had moreover to depend for the clothing of the Insane Patients. At Dullunda fortunately, no such necessity exists. Here the bounty of Government is not only not confined to mere necessities of life, but

comforts and indulgences are placed at the disposal of the Superintendent.

6. Under such circumstances, it appears to me that the proceeds obtained from the voluntary occupation of the Patients, becomes the property of the State. It is, in fact, but a small return for the bounty expended to alleviate misery. I should therefore recommend that such proceeds should from time to time be entered on the face of the Monthly Contingent Bill, and be deducted from the Contingent Charges of the Asylum.

I have, &c.,

(Signed) THEO. CANTOR, M. D.,
*Superintendent Asylums, Bhowanipore
 and Dullunda.*

No. 226.

FROM

THE SUPERINTENDENT ASYLUM, DULLUNDA,

To

H. D. H. FERGUSSON, ESQUIRE,

Magistrate, 24-Pergunnahs.

Fort William; Dullunda, the 9th November 1857.

SIR,

FROM my letter* upon the subject, as well as from your personal observation, you are aware that since last year the native Insane Patients in the Asylum at Dullunda have been regularly occupied with the manufacture of rope and twine.

* No. 160 of 15th September 1856.

2. At the first outset, the raw material had to be purchased at public expense. Subsequently, the profit realized by the sale of the manufacture, repaid the outlay, leaving a balance which has since then been carried to the credit of Government on the face of each Monthly Contingent Bill.

3. From the 1st of February 1856 to the 1st November 1857, the

† From 1st Feb. to 31st Dec. 1856 ..	11,800 lbs.
„ 1st Jan. to 1st Nov. 1857...	10,933 „
Total ..	22,733 lbs.

Patients have manufactured the quantity of raw material, specified in the margin.†

4. The Jute or Indian flax which the Patients manufacture into rope and twine, is as occasion may require, purchased from the market. The price has of late been subject to a most extraordinary fluctuation, and the supply has become very uncertain.

5. On the present occasion, I beg to transmit the accompanying samples of Jute,* not only manufactured, but cultivated by the Patients themselves. Those samples form the result of an interesting experiment, of which the following is the history.

* Sample of prepared Jute.

Ditto of rope of sorts.

Ditto of Twine.

6. In the month of May last, just before the commencement of the rainy season, about one acre of the grounds at Dullunda was sown with 12 lbs. of Jute seed, of the value of Rs. 1-4-0 or 2s. 7½d. The only additional expense amounted to 6 annas or 9¼d., the value of a bamboo trough ('Shunee,') a native contrivance to lift water. Under the management of Mr. Overseer Freeman, the cultivation was entirely left to the care of the Patients who in September last reaped and prepared the flax. The 12 lbs. of seed sown, yielded a crop of 666 lbs. flax, the fibre of which measured from 12 to 12½ feet in length. There was no loss in the manufacture.

7. As an experiment, the result has in every respect proved successful and deserving of repetition. Competent judges have declared our flax to be excellent, and of a quality far superior to that for which the manufacture of the Asylum is dependent on the market. The grounds belonging to the Asylum at Dullunda are, however, not nearly extensive enough to grow the whole quantity of Jute annually required.

8. It is satisfactory to add that the occupation of the Patients is perfectly free and voluntary, and that it is the result of persuasion and habit, while neither threats nor mechanical restraints are suffered. The real value of occupation as a means of cure in insanity, may indeed be considered as undetermined. But that voluntary and well regulated labour is a means of mitigating an existence, visited with loss of reason, will hardly be questioned. A variety of occupations has been tried at Dullunda. But of them all, the manufacture of rope and twine has hitherto been found to be favourites both with the Bengallee male and female Patients.

9. Before leaving the subject, I would call attention to the exquisitely simple piece of mechanism which some of the Patients themselves have contrived for the twisting of the flax. The annexed outline, Plate

3, represents the contrivance which, for simplicity of the adaptation of means and for cheapness, can hardly be surpassed. It is an endless screw, put together by the Patients themselves, who are supplied with nothing but a bamboo, the cost of which is 3 annas or 4½d. Each bamboo is sufficient to produce five of the twisting screws, the cost of each of which, therefore, amounts to less than one penny. The screw is worked with both hands by a Patient in a sitting posture, while a second Patient carries the flax to be twisted. The simple contrivance, in which the Patients themselves take a delight, has elicited the admiration of even Engineer Officers among the numerous visitors to the Asylum.

I have, &c.,

(Signed) THEO. CANTOR, M. D.,
Superintendent.

No. 957.

FROM

THE MAGISTRATE OF THE 24-PERGUNNAHS,

TO

THE SECRETARY TO THE GOVERNMENT OF BENGAL,

Judicial Department.

FORT WILLIAM.

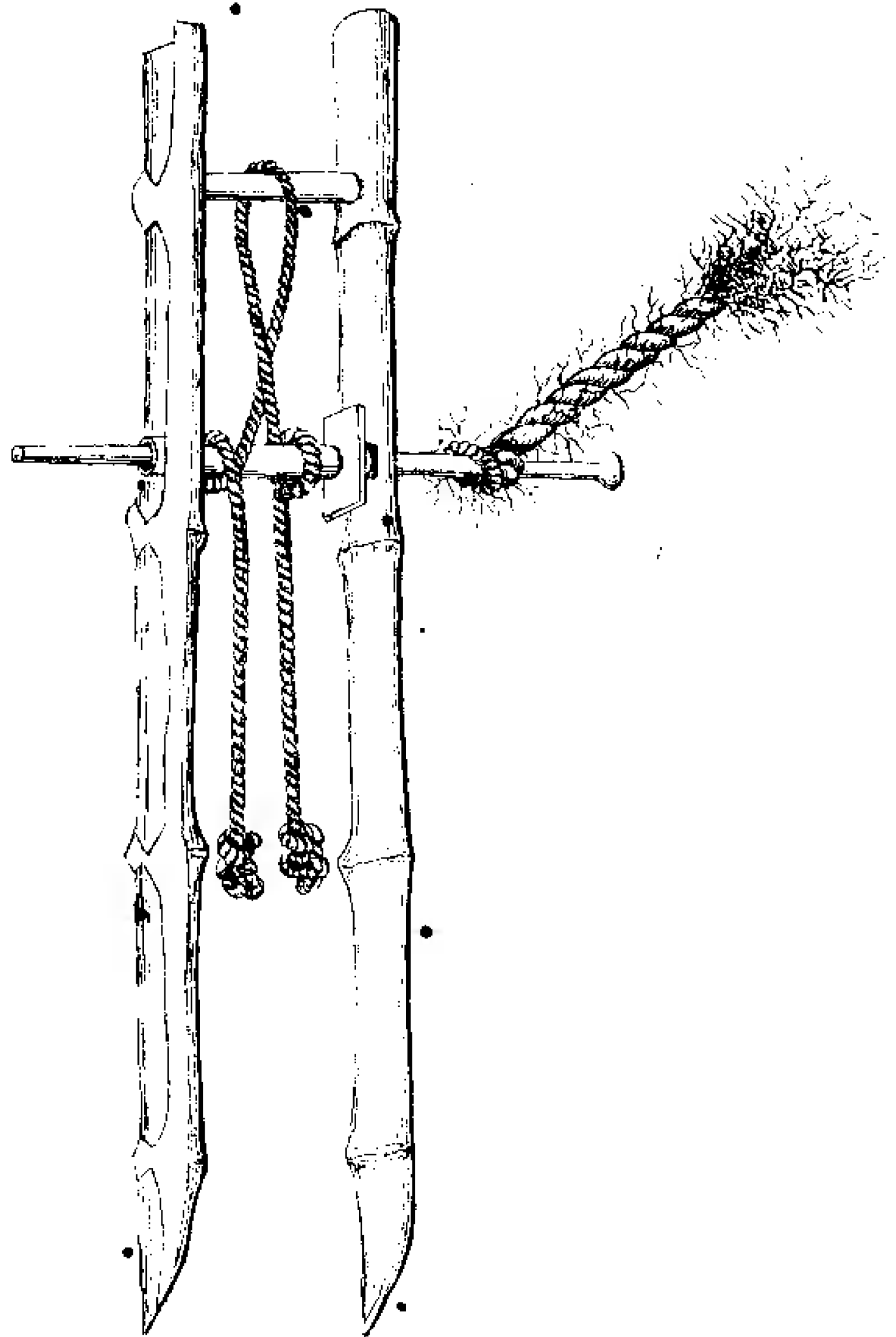
Allipore, the 10th November 1857.

SIR,

I HAVE the pleasure to forward for His Honor the Lieutenant-Governor's perusal, a Report No. 226, of yesterday's date, regarding the employment of the native Insanes, confined in the Hospital at Dullunda. This Report is in continuation of that forwarded with my letter No. 936, dated 13th October 1856.

2. It will be observed that the manufacture of rope and twine by the Insanes has yielded a profit, which is satisfactory.

3. The experiment alluded to in the 5th, 6th, and 7th paras. of the Report is interesting. As the Government grounds attached to the Asylum are very extensive and enclosed within its walls, there is no reason why the experiment should not be repeated on a larger scale. The exercise of gardening is as good or better for the Patients than any other.



• SCALE OF 1 FOOT

TWISTING SCREW.

4. The samples of Jute forwarded by Dr. Cantor, are very good. They are herewith sent for His Honor's inspection.

5. The contrivance alluded to in the 9th para. of Dr. Cantor's Report, is the common twine spinner, to be seen in almost every village, in this neighbourhood. A woman or child usually works it.

6. I may take this opportunity of stating, that I have been extremely gratified to observe the improvements effected by Dr. Cantor in the management of the Native Asylum. Under Dr. Strong it was very far indeed from what it should have been. But his abominable privy wells have been closed by Doctor Cantor, and every part of the building is now kept clean and in good order. The food is excellent, and I was glad to observe that Dr. Cantor himself carefully examines it daily before it is served out. The result is that the Insanes are more healthy and cheerful than formerly, the entire credit of which is due to Dr. Cantor.

I have, &c.,

(Signed) H. D. H. FERGUSSON,
Magistrate.

As the Patients have now acquired the habit of keeping their proper appointed places, and fixing the attention on the work in hand, they may be supposed to be accessible to elementary knowledge. The village schools of Bengal, where letters are written in the sand, would be desirable models for introduction in the Asylum. The importance of the experiment would be worth the trifling cost of entertaining a few native School-masters, whose duty it should be to fill up some of the spare time left by the manual labour.

Plenty and regular exercise in the open air, and the ordinary harmless amusements of the natives vary the hours in the Asylum. Aptitude to model in clay appears to be national. Most of the Patients make their own bowls for smoking, and a few model idols and other figures. The more conspicuous monomaniacs (and the Asylum has its "King of Delhi" and other native princes,) take great delight in finery, and exhibit no lack of taste in making up their grand costumes of the most heterogeneous materials. The grandeur of such personages, however,

VI. SUBORDINATE ESTABLISHMENT.

The Subordinate Establishment is a modification of the scale laid down in the Code of Medical Regulations. The European and the Native Medical Subordinates and Conservancy Establishment are permanently appointed; the strength of the rest of the native attendants is increased or reduced according to the daily number of Patients.

Among a number of improvements suggested by the Medical Board (*Report 1855 p. 14*) is the appointment of a European Subordinate Officer to each Asylum for native Insanes. The actual appointment of such Officer is one of the benefits which the Asylum at Dullunda has derived from the active exertions of Mr. Fergusson, the Magistrate of the 24-Pergunnahs, in promoting its interests. The strength and monthly pay of the Establishment is as follows:—

SUBORDINATE OFFICERS.

1 European Overseer	...	...	Rs. 100	0	0
1 Native Doctor	...	...	„ 16	0	0

SERVANTS.

7 Naib Jemadars	...	...	Rs. 35	0	0
2 Ditto (Female)	...	...	„ 11	0	0
5 Cooks	...	...	„ 25	0	0
1 Female Cook	...	...	„ 5	0	0
9 Water-carriers	...	...	„ 36	0	0
4 Washermen	...	...	„ 20	3	2
1 Washerwoman	...	...	„ 5	0	0
5 Barbers	...	...	„ 15	0	0
2 Gardeners	...	...	„ 8	0	0
1 Hurkarrah	...	...	„ 4	0	0
26 Male Servants	...	...	„ 104	0	0
6 Female Servants	...	...	„ 24	0	0
1 Lamplighter	...	...	„ 4	0	0
15 Sweepers	...	...	„ 61	0	0
3 Ditto (Female)	...	...	„ 12	2	10

Total ... 485 6 0

RULES

FOR THE GUIDANCE OF THE
SUBORDINATE ESTABLISHMENT OF THE ASYLUM AT DULLUNDA.

1. The European Overseer, the Native Doctor, and Servants, male and female, are strictly enjoined invariably to treat the Patients with the greatest kindness; to abstain from harsh language, threats, abuse, all acts of oppression, blows or any other acts of violence. They are to remember that the unfortunate Patients are of unsound mind, and not responsible agents.

2. When the conduct of a Patient becomes violent and dangerous to himself and others, the Hospital Servants will, in the absence of the Superintendent, report the circumstance to the Overseer, who will immediately visit such Patient. Should the Overseer consider restraint to be absolutely necessary for the safety of the Patient himself or others, temporary seclusion may accordingly be applied. But in such case, the Overseer will report the circumstance to the Superintendent.

3. Clubs, sticks, weapons, sharp-edged or pointed tools are strictly prohibited from being introduced in the Asylum.

4. Such Patients as may be permitted to assist in the kitchen and garden, are not to be trusted with knives or tools with which they may commit injury.

5. Visitors to the Patients are to be admitted by permission of the Magistrate of the 24-Pergunnahs or of the Superintendent.

6. All complaints relating to the Patients or to the Hospital Servants are immediately to be brought to the notice of the Overseer, who will take the earliest opportunity to report to the Superintendent.

7. The Overseer will see that the preceding Rules are strictly observed, and a copy in English and in Bengallee is to be kept suspended in the office. The Native Doctor will at the Monthly Muster read to the Hospital Establishment a Bengallee translation of the preceding Rules.

(Signed) THEODORE CANTOR, M. D.,
Superintendent Asylum, Dullunda.

(Signed) H. D. H. FERGUSSON,
Magistrate, 24-Pergunnahs.

VII. MEDICAL RECORDS.

The Medical Board reports (*page 3*.) that till 1854, there has been a gradual but slow increase in the number of Patients treated in all the Asylums, of about 400 in the last 14 years; and during the last 5½ years, the increase has at Dullunda amounted to 77. As will appear from the following statement of the total number treated, the increase has continued *viz.* :—

1849	..	...	453	1854	...	...	480
1850	...	...	438	1855	...	...	524
1851	...	...	412	1856	...	...	530
1852	...	...	427	1857	...	...	514
1853	...	...	441				

A. TABULAR STATEMENTS.

	1856.			1857.		
	Male	Female.	Total.	Male.	Female.	Total.
Remained under treatment 1st } January }	205	73	278	206	55	261
Admitted	178	39	217	154	52	206
Total of remained, admitted and } re-admitted }	411	119	530	392	122	514
Remained under treatment 31st } December }	206	55	261	200	61	261
Cured	48	20	68	64	18	82
Improved, transferred to friends ...	91	12	103	66	13	79
Mortality	67	31	98	62	30	92

*During 1856, 35 Patients (28 male, 7 female) had been treated

RATIO PER CENT.	1856.			1857.		
	Male.	Female.	Total.	Male.	Female.	Total.
Of Cures	11·67	16·80	12·83	16·32	14·75	15·95
Of Cures and transferred to friends.	33·81	26·89	32·26	33·16	25·40	31·32
Of Mortality	16·30	26·05	18·49	15·81	24·59	17·89

During the ten years, from 1st January 1848 to 31st December 1857, the months of May, June and August, (the end of the hot and the commencement of the rainy season,) exhibit the highest number of admissions, while October, December and January give the lowest. The mortality has been highest during the months of the cold season in the following order:—October, January, November and December. The fewest deaths have taken place in July, March, June and February. On the total number treated, (remained and admitted,) during the 10 years, the average mortality has been 15·27 per cent.

B. CREEDS.

Year.	Hindoos.			Mussulmans.		
	Male.	Female.	Total.	Male.	Female.	Total.
1856.	295	94	389	116	25	141
1857.	292	91	383	99	32	131

C. TRADES.

Males.

Agricultural labourers 37,—Bankers 2,—Barbers 5,—Bearer 1,—Beggars 12,—Boatman 1,—Butcher 1,—Carpenters 2,—Coachman 1,—

Musician 1,—Policemen 3,—Potter 1,—Sailors 4,—Sepoys 5,—Smith 2,—Shoemakers 2,—Shop-keepers 8,—Student (Medical) 1,—Sweepers 3,—Teachers 3,—Tailors 6,—Undertakers 2,—Washermen 5,—Weavers 5,—Writers 6.

Females.

Ayabs 2,—Beggars 3,—Prostitutes 7,—Sweepers 2.—The means of living of the great majority has not been ascertainable.

Insane Prisoners and Convicts.

1856.	{	Prisoners (Male) 36,—Female 3.	
	{	Convicts for life 8, „ 0—Total 47.	
1857.	{	Prisoners (Male) 35,—Female 2.	
	{	Convicts for life 8, „ 0—Total 45.	

D. BIRTH-PLACE.

Agra	...	...	...	1	Male.	
Akyab	...	...	...	1	„	
Amtah	...	...	...	1	„	
Arracan	...	...	...	1	„	
Backergunge	...	...	...	1	„	
Balasore	...	...	...	1	„	
Barrackpore	...	...	...	1	„	
Baranagore.	...	...	...	2	„	
Barraset	...	...	...	1	„	
Benares	...	...	...	1	„	
Bengal	...	...	...	215	„	92 Females.
Burdwan	...	...	...	6	„	
Burmah	...	...	...	1	„	
Calcutta	...	...	...	115	„	72 Females.
Cuttack	...	...	...	2	„	
Dacca	...	...	...	1	„	
Furruckhabad	...	...	...	1	„	
Gyah	...	...	...	1	„	
Ghazeepore	...	...	...	1	„	
Gunga Sagur.	...	...	...	1	„	
Hooghly	...	...	...	1	„	
Howrah	...	...	...	4	„	
Jessore	...	...	...	3	„	
Khurdha	...	...	...	1	„	
Lucknow	...	...	...	1	„	
Madras	...	...	...	2	„	
Midnapore.	...	...	...	1	„	
Nyhattee	...	...	...	1	„	

Santipore ...	...	...	...	1	Male.
Soodaram...	...	...	...	1	„
Sylhet ...	...	...	...	1	„
Tarackasore	...	...	...	1	„

E. COMPLICATIONS.

Epilepsy in 12 male, 3 female Patients.
 Chorea Sti. Viti in 1 male, and 1 female.
 Catalepsy in 2 male Patients.

SUPPOSED CAUSES.

Congenital in 18 male, 4 female Patients.
 Hereditary in 2 male.
 Domestic distress in 4 male and 5 female.
 Masturbation in 3 male Patients.
 Influenced by the Moon, none.

INTEMPERANCE.

The total number admitted from this cause, amounted in 1856 to 81, and in 1857 to 133, as will appear from the following Table :—

1856.				1857.			
Hindoos.		Mussulmans.		Hindoos.		Mussulmans.	
Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.
59	5	17	0	95	5	26	7

Ratio per cent. on admissions and re-admissions from intemperance in 1856, 32·14 ;—in 1857, 52·56.

Intemperance signifies here the abuse of Narcotics : (Gunjah, Bhang, Churrus, all preparations of Cannabis indica, rarely Opium,) and of Spirituous Liquors : Mudth, Arrack, Tarry,—all Bazar Spirits.

With extremely rare exceptions, the Patients are sent to the Asylum with Rolls which contain neither previous history, nor other important

F. FORMS OF DISEASES.

	1856.				1857.			
	Hindoos.		Mussulmans.		Hindoos.		Mussulmans.	
	Male.	Female.	Male.	Female.	Male.	Female.	Male.	Female.
Mania ...	227	73	94	17	226	72	84	26
Dementia ..	32	8	14	5	26	7	10	3
Amentia ...	11	7	3	1	12	4	2	0
Melancholia ...	25	6	5	2	27	7	3	2
Idiocy ...	0	0	0	0	1	1	0	1
Total ...	295	94	116	25	292	91	99	32

G. CAUSES OF DEATH.

DISEASES.	1856.			1857		
	Male.	Female.	Total.	Male.	Female.	Total.
Of the Nervous System. { Exhaustion ...	14	4	18	8	5	13
{ Apoplexy ...	0	0	0	1	0	1
{ Epilepsy ...	3	1	4	4	2	6

		1856.			1857.		
DISEASES.		Male.	Female.	Total	Male.	Female.	Total.
Endemic.	Dysentery	27	14	41	23	9	32
	Diarrhœa	9	2	11	7	8	15
	Cholera	6	8	14	3	1	4
	Fever	2	0	2	0	0	0
	Anasarca	3	1	4	2	1	3
	Hepatitis	0	0	0	1	0	1
	Enteritis	0	0	0	0	1	1

Other.	Of Lungs	2	0	2	8	0	8
	Erysipelas	0	0	0	1	0	1
	Carbuncle	1	0	1	0	0	0
	Old Age	0	1	1	3	3	6

VIII. SUGGESTIONS FOR IMPROVEMENTS.

In addition to the improvements alluded to in the preceding paragraphs, there are others well meriting consideration.

Extension of the Grounds.—A glance at the ground-plan, Plate 2, will show that their extent may be estimated at about one-half of the total area or between four and five acres. Of the latter one third, adjoining the southern front of the Asylum, must be kept free from vegetation, in order not to obstruct ventilation. The area is farther entrenched upon by a large tank which reduces the land available for agricultural purposes. When the whole is brought under cultivation, it will produce no crop of raw material, sufficient to render the Asylum during a season independent of the market. The gradual increase of Patients will eventually call for additional wards; substantial work-sheds and store-rooms are greatly wanted; all these improvements require extension of ground. As observed in a correspondence with the Magistrate of the 24-Pergunnahs (No. 187, dated the 9th October 1856,) the different courts in consequence of not being paved, present an appearance little harmonising with the general tidiness of the Asylum. A pavement and a brick-built bathing-house close to the tank, would greatly add to the comfort of the Patients.

No dead-house nor sufficiently removed dissecting room have ever been attached to the Asylum. Post mortem examinations can therefore not be performed in private. The Asylum Hospital is unsuitable to the purpose without running the risk of causing excitement and of hurting the national prejudices of the Patients.